



**Postpartum depression and infant-mother attachment at one year
the impact of co-morbid maternal personality disorder**

Smith-Nielsen, Johanne; Tharner, Anne; Steele, Howard; Cordes, Katharina; Væver, Mette Skovgaard

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From the Editors:

The abstracts in this special supplement to the Infant Mental Health Journal (IMHJ) are organized to match the Program Book distributed at the 15th World Congress of the World Association for Infant Mental Health. Abstracts were copy edited at the IMHJ Editorial office. Where abstract language seemed confusing, the copy editors attempted to capture the spirit of the written text to make it more readable to the audience. Errors that may have occurred are the responsibility of the copy editors, not the authors. Where abstracts are not presented, they were not supplied.

Table of Contents

	Page	Posters
SUNDAY 29 TH MAY		
1000 – 1600 PRECONGRESS INSTITUTES	3	
1735 – 1840 PLENARY LECTURE 1	6	
MONDAY 30 TH MAY		
0800-0855 MASTER CLASS LECTURES	7	
0900 – 1015 PLENARY LECTURE 2	8	
1045 – 1215 PARALLEL SESSION 1	9	
1215 - 1315 POSTER SESSION 1	32	P1-P166
1315 – 1445 PARALLEL SESSION 2	129	
1515 – 1645 PLENARY INTERFACE 1	156	
1715 – 1845 PARALLEL SESSION 3	174	
TUESDAY 31 ST MAY		
0800 – 0855 MASTER CLASS LECTURES	198	
0900 – 1015 PLENARY LECTURE 3	199	
1045 - 1215 PARALLEL SESSION 4	199	
1215 – 1315 POSTER SESSION 2	216	P167–P333
1315 – 1445 PARALLEL SESSION 5	315	
1515 – 1645 PARALLEL SESSION 6	339	
1715 – 1845 PARALLEL SESSION 7	347	
WEDNESDAY 1 ST JUNE		
0800– 0855 MASTER CLASS LECTURES	370	
0900 – 1015 PLENARY LECTURE 4	372	
1045 – 1215 PARALLEL SESSION 8	372	
1215 – 1315 POSTER SESSION 3	399	P334-P489
1315 – 1445 PARALLEL SESSION 9	488	
1515 – 1645 PARALLEL SESSION 10	515	
1715 – 1845 PARALLEL SESSION 11	530	
1945 – 2045 SPECIAL WORKSHOP	555	
THURSDAY 2 ND JUNE		
0800 – 0855 MASTER CLASS LECTURES	556	
0900 – 1015 PLENARY LECTURE 5	557	
1045 – 1215 PRESIDENTIAL SYMPOSIUM	557	
1215 – 1315 POSTER SESSION 4	557	P490-P649
1315 – 1445 PARALLEL SESSION 12	650	

Sunday May 29, 2016

10:00 – 15:00 Pre-Congress Institute I

Pre-Congress Institute I: Infant Mental Health Policy Under Stable and Peaceful Conditions and During Humanitarian Crises

Implementation of the vast amount of new scientific knowledge on infant mental health in national health policies is a challenge to infant mental health professionals in all societies. The belief that treatment of babies in psychological distress is less urgent than helping older children is still very common, especially in societies with sparse resources.

In the last years, WAIMH has put a lot of effort in developing a Position Paper, the "Declaration of Infant Rights" that emphasizes the specific needs of infants and young children in the first three years of life. This declaration could become a route map for clinicians who wish to impact their own country's health policy. In the first part of this Institute, we will discuss the challenges and various ways of actions to influence national health policies.

The second part of the Institute will be dedicated to infant mental health clinicians facing adverse circumstances and humanitarian crises in present "here and now" situations. We hear about experiences with Ebola outbreak in Liberia and about violent and lengthy wars in different parts of the world, currently for instance in Syria. War is pushing thousands of civilian families to flee and immigrate wherever European governments accept them. Finding a shelter is only the first step of a long and rocky road in the shadow of social exclusion from familiar social networks and looking for ways to integrate into societies that are not necessarily very welcoming to refugees.

In this Institute, we will share experiences and address to three major questions:

- How professionals can influence infant mental health policy development?
- The role of infant mental health policy in the midst of major humanitarian crises
- How to respond to the needs of infants and families in the midst of conflict, adversity and crises?

10:00 Opening of the Institute

Part 1: How to influence national Infant Mental Health policy service development and delivery

The Power of the First 1000 Days in affecting policy change in South Africa

Malek, E.

Paediatrician, Head of General Paediatric Specialist Services at Tygerberg Hospital & Senior Lecturer Department of Paediatrics and Child Health, Stellenbosch University, South Africa

Comprehensive care approach

Ulvestad Kärki, F.

Project Manager, Specialist in Clinical Psychology, organizational psychologist, Norwegian Directorate of Health, Norway

Infant mental health and national reform in child and family services

Pelkonen, M.¹, Kaukonen, P.²

¹ Ministerial Adviser, Ministry of Social Affairs and Health, Finland; ² Consulting Officer, Ministry of Social Affairs and Health, Finland

How to Message About the Needs of Infants and Toddlers in Ways That Policymakers Respond

Melmed, M.

Executive Director, ZERO TO THREE, USA

Discussion

13:00 Part 2: Infant mental health policy and major humanitarian crises

After Ebola: Advancing Infant Mental health in Liberia

Cooper, J.

The Carter Centre, Liberia

The Syrian Refugee Crises - The Four Steps Approach

Daod, E.

Co-Founder of Humanity Crew, a Humanitarian Aid Agency, Israel

Young refugee children: protection – support – participation

Maywald, J.

Sociologist, Prof. Dr. Phil., Managing Director of the German League for the Child, Germany

Protecting Infants from Violence – Law and Reality

Berg, A.

Child & Adolescent Psychiatrist, Emerita Professor University of Cape Town and Professor Extraordinaire Stellenbosch University, South Africa

Discussion

15:00 Closing of the Institute

10:00 – 16:00 Pre-Congress Institute II

Pre-Congress Institute II (in association with Zero to Three):

Diagnostic Classification DC 0-5

ZERO TO THREE is revising and updating DC:0-3R. The process is a 3-year one that began in March of 2013. The DC:0-3R Revision Task Force, chaired by Charley Zeanah, meets regularly via conference call and in person. The Task Force members are *Alice Carter* (U Mass Boston), *Helen Egger* (Duke), *Miri Keren* (Tel Aviv University, WAIMH), *Alicia Lieberman* (UCSF), *Mary Margaret Gleason* (Tulane) and the ZTT Task Force staff are *Cindy Oser*, *Julie Cohen*, and *Kathy Mulrooney*. Our aim was to capture new research findings relevant to diagnoses in young children (11 years since DC:0-3R was published), to make changes compatible with the DSM 5 (published in 2013), and to address several lingering concerns that had been raised by clinicians and researchers from many different countries following extensive surveys we made at the beginning of the process. The new edition (DC:0-5) will describe disorders occurring in children from birth through to 5 years old.

The DC:0-5 will

- continue a multi-axial classification system
- attempt to be comprehensive and not rely on other nosologies (e.g., DSM-5)
- include a number of disorders not previously included in DC:0-3R
- exclude some disorders that are currently in DC:0-3R
- define and specify symptoms in children less than one year old whenever possible

Discussant: Emde, R.
United States

10:00 Overview and Changes

Zeanah, C.
United States

10:20 Axis II

Zeanah, C.
United States

10:40 Axis III

Gleason, M.M.
United States

11:00 Axis IV

Zeanah, C.
United States

11:20 Axis V

Carter, A.
United States

11:40 Discussion

Axis I, with short case presentations

13:00 Autism spectrum disorder and Atypical Social Communication Emergent Neurodevelopmental Disorder

Carter, A.
United States

13:30 ADHD and Overactivity

Gleason, M.M.
United States

14:00 Dysregulated Anger and Aggression Disorder of Early Childhood

Egger, H.
United States

14:20 Sensory Overreactivity Disorder

Carter, A.
United States

14:40 Inhibition to Novelty

Egger, H.
United States

15:00 Eating Disorder

Keren, M.
Israel

15:20 Relationship Specific Disorder

Zeanah, C.
United States

17:30 - 18:40 Plenary Lecture 1

What can parents promise their babies in this era?

Tyano, S.

Infant Mental Health unit, Geha hospital. Tel Aviv university, Petach Tikva, Israel

What can we promise our babies? What are we able to communicate to them and pass down to them from our own expectations and wishes for a less violent world? What are we to understand from the meaning of promises in the bible and in mythical legends that we inherited from our forefathers? What is our role as mental health professionals in helping to educate parents and society on enabling the next generation to see the "other" as an ally and not an enemy?

Monday May 30, 2016

8:00 – 8:55 Master Class Lectures

MS-01 Early moral development in action: theoretical background and empirical data

Nicolais, G.

University of Rome, Italy

Within the last three decades developmental research has shown that, under normative conditions, the child's self is a moral self. Morality is an early emerging organizing mental process where regulation plays a key role, with moral internalization representing a cornerstone of the child's increasing ability to regulate conflicts between needs and social limitations as well as to act in accordance to internal standards. How "early" is this process? What is it like to develop a "moral conscience", and to what extent does it prove to be a protective factor especially in less than optimal rearing environments? The presentation will address these issues in the light of recent research.

MS-02 Feeding difficulties and disorders in infants and young children

Bryant-Waugh, R.

Feeding Disorders Service, Great Ormond Street Hospital for Children (GOSH)

This Master Class will provide an update on research and clinical practice in relation to feeding difficulties and disorders, based on Dr Bryant-Waugh's experience at a specialist mental health service in a large paediatric hospital. She has particular interests in assessment and diagnosis, the development of time-limited evidence-based interventions, and intergenerational patterns of feeding and the eating difficulties. The session will emphasize the need for comprehensive assessment and careful formulation to maximize the effectiveness of intervention and will involve sharing current approaches utilized by the GOSH team. Rachel is passionate about collaboration to improve understanding and treatment of feeding difficulties and hopes you will come along.

MS-03 Amai and communicative musicality for enhancing resilience

Watanabe, H.

Director of Life Development Center, Watanabe Clinic, Japan

Amai studied by T. Doi (1971) and communicative musicality studied by C. Trevarthen (1999) are the two theories on intersubjectivity which spans our life from infancy. Amai originates from Japanese vernacular *amai*, meaning sweet. Communicative musicality denotes the rhythmicity and flow of human interaction explicit in affective interchange and analyzable by audio-spectrograph. They both highlight the intrinsic, implicit human motive to reach out to others. As a clinician working with infants and families in diverse predicaments, I have come to realize how enhancing *amai* and communicative musicality of the family in the here and now can tap into the inner resources of the infant and family in a tangible way. Examples in the NICU and in the aftermath of the 2011 Great Eastern Japan Disaster will be presented.

MS-04 Consequences of pain in preterm infants hospitalized in a Neonatal Intensive Care Unit

Cignacco, E.

University of Applied Sciences, Department for Health, Section for Midwifery, Switzerland

The survival of preterm infants is dependent on highly sophisticated intensive care, associated with an exceedingly high number of painful procedures. Repeated pain exposures during critical windows of central nervous system development are associated with permanent changes in peripheral, spinal, and supraspinal pain processing; neuroendocrine function; and neurologic development. These changes can be manifested by alterations in pain thresholds, stress responses, cognitive function, behavioral disorders, and long-term disabilities. The master class will elucidate strategies to prevent and reduce procedural pain in this vulnerable patient group and to better involve parents in the care of their own child in order to provide infants with their right to be comfortable and as free of pain as possible and to grow and develop normally.

MS-05 Beginning with Behavior in Infant Research and Clinical Work.... and then Adding Hormones, Genes, and Brain Function

Feldman, R.

Bar-Ilan University and Yale University

The talk will highlight a behavior-based approach to the study of infant social development, the social brain, cultural diversity, and developmental psychopathologies marked by social dysfunction. I begin by describing the careful observation of bonding-related behaviors within the natural ecology as the central tool for understanding mammalian social life as demonstrated by research throughout the 20th century, beginning with Lorenz' first description of social bonding in 1935. I then address the process of "interaction synchrony" in rodents, primates, and humans, emphasizing the immense variability of synchronous processes across human cultures as pathways for social adaptation. Longitudinal studies of parent-infant interaction patterns and their impact on child social adaptation to the peer group in Israeli and Palestinian families will provide an example for cultural pathways to social outcomes and raise the issue of culture-sensitive interventions. Research related to bonding-related hormones, particularly oxytocin, and the parental brain will be discussed within a behavior-based framework. I conclude by describing profiles of behavioral synchrony and asynchrony in various psychopathological conditions and the utility of a behavior-based approach for infant clinical research and the formation of targeted, culture-specific interventions.

9:00 - 10:15 Plenary Lecture 2

Theory of Trauma and New Directions in Child-Parent Psychotherapy

Newman, L.

Australia

10:45 - 12:15 Symposium

Interactions between maternal pre- and postnatal depression, in utero exposure to SSRIs, and infant 5-HTTLPR genotype in association with the development of early childhood dysregulation: A replication and comparison among three longitudinal studies

Moderator: Minde, K.

Department of Psychiatry, McGill University, Montreal, Canada

Discussant: Stein, A.

Department of Psychiatry, University of Oxford, Oxford, United Kingdom

Interacting roles of prenatal depressive symptoms, antidepressant exposure, and infant genotype in the prediction of infant dysregulation

Goodman, S.H.¹, McCallum, M.¹, Lori, A.², Cubells, J.F.²

¹ *Department of Psychology, Emory University, Atlanta, United States;* ² *Department of Human Genetics, Emory University, Atlanta, United States*

Our aim was to test hypotheses on the interacting roles of fetal exposure to maternal prenatal depression, antidepressant use, and infant genes, in the prediction of infant dysregulation. We studied 216 women with histories of depression, prospectively measuring their depression symptom levels with the BDI and their reports on antidepressant medication usage from early or mid-pregnancy through 12 months postpartum. Area-under-the-curve (AUC) values summarized infants' cumulative exposure to maternal depressive symptoms. Antidepressant medication use (SSRI) was summarized as cumulative weeks of exposure throughout of pregnancy. Infant dysregulation was measured based on five subscales of the IBQ-R at infant ages 3- 6-, and 12 months. Infants' 5-HTTLPR genotype was obtained using standard procedures. Linear regression models were run to test the moderating roles of depression, medication exposure, and genotype on infant dysregulation at each infant age. The hypothesized three way interaction was not significant at 6- or 12-months of age. At 3-months, for infants with S/L_G, prenatal depression levels were not significantly associated with dysregulation regardless of level of SSRI exposure. That is, the S/L_G genotype appeared to be protective against effects of prenatal depression and SSRI exposure on dysregulation. In contrast, for infants with L_AL_A, with lower levels of SSRI exposure, higher prenatal depression was associated with lower dysregulation, whereas with the highest levels of SSRI exposure, higher prenatal depression was associated with higher dysregulation. That is, with low levels of SSRI exposure, L_AL_A appeared to protect infants from developing dysregulation in relation to prenatal depression exposure, whereas with SSRI exposure for most or all of the pregnancy, L_AL_A was associated with greater risk for dysregulation in relation to prenatal depression exposure. The role of postnatal depression in this set of relationships will also be explicated.

Pre- and postnatal maternal depression, child 5-HTTLPR, and in utero exposure to SSRIs: Trajectories and associations of early childhood dysregulation

Babineau, V.¹, Gordon Green, C.¹, Jolicoeur-Martineau, A.¹, Minde, K.¹, Sassi, R.², St-André, M.³, Carrey, N.⁴, Atkinson, L.⁵, Meaney, M.¹, Wazana, A.¹

¹ *Department of Psychiatry, McGill University, Montreal, Canada;* ² *Department of Psychiatry, St-Joseph's Healthcare Hamilton and McMaster University, Hamilton, Canada;* ³ *Department of Psychiatry, CHU Sainte-Justine, Montreal, Canada;* ⁴ *Department of Psychiatry, Dalhousie University, Halifax, Canada;* ⁵ *Department of Psychology, Ryerson University, Toronto, Canada*

In a previous study, we demonstrated that the development of dysregulation over the first three years of life was influenced by an interaction between prenatal depression and 5-HTTLPR. In the current study, we further investigate developmental trajectories of child dysregulation over the first three years of life, including associations with prenatal exposure to selective serotonin reuptake inhibitors (SSRIs). Method: N = 229 mother-child dyads from the MAVAN study, recruited from Montreal, Qc., and Toronto, On., Canada. Mothers reported on the IBQ-R at 3 and 6 months and ECBQ at 18 and 36 months, from which measures of dysregulation were extracted ($\alpha = .74$, $\alpha = .69$, $\alpha = .66$ and $\alpha = .77$ respectively). Mothers self-reported depression symptoms on the CES-D at 24-36 weeks gestation, and at 6, 12, 24 and 36 months postnatally. Child 5-HTTLPR was obtained from buccal swabs (S/LG = 72%; LALA = 28%). Maternal use of SSRIs during pregnancy (15%) was self-reported. Group based trajectory modeling, mixed model regression, descriptive statistics. Results: Child dysregulation trajectories best fit a four-class model: low to mid (19.8%), mid-stable (40.4%), mid to high (19.1%), and high-stable (20.7%). Women using SSRIs during pregnancy demonstrated greater depression scores at each time point (p 's < .01). When exposed to SSRIs in utero, children with LALA were at greatest risk for dysregulation, whereas children with S/LG were less dysregulated, a potential protective factor. Further analysis will be presented. Conclusion: Dysregulation is relatively stable over time, with the exception of one group of children with easier temperaments when younger, for whom there is a shift toward higher dysregulation as of 18 months. This may be a representation of frontal brain development and cumulative environmental effects. Further, Exposure to SSRIs in utero appears to have differential effects on the development of dysregulation according to child 5-HTTLPR.

The impact of prenatal maternal mood, antidepressant exposure and infant 5-HTTLPR genotype on infant dysregulation during the first year of life

Oberlander, T., Grunau, R.E, Brain, U., Devlin, A.

Department of Pediatrics, University of British Columbia, Vancouver, Canada

This study examined associations between prenatal exposure to maternal depressed mood and SSRI antidepressants, infant 5-HTTLPR genotype and infant dysregulation, controlling for postpartum depression. We hypothesized that interactions between prenatal maternal mood, SSRI exposure and infant 5-HTTLPR genotype would predict infant dysregulation. 152 women with (1) no depression, (2) depression with no medications, and (3) depression with SSRI-treatment, were recruited during their second trimester and followed with their infants to 6 months. At 3 and 6 months, measures of dysregulation scores (soothability, duration of orienting) were derived from the IBQ. Maternal depression was assessed during and following pregnancy using self rated Edinburgh prenatal depression scale (EPDS) and self-rated symptoms (Symptom Questionnaire). Cord blood was assessed for Infant 5-HTTLPR genotype (LL, SS and LS). A mixed model, used to examine dysregulation from 3 to 6 months, yielded a 2-way interaction between prenatal depression (EPDS) x infant genotype, adjusting for postnatal depression ($p = .03$), showing SL infants were affected by prenatal maternal mood while LL infants were unaffected. Only at 3months, a 3-way interaction emerged between prenatal Symptom scores x infant genotype x SSRI exposure ($p = .02$). SSRI exposure alone neither blunted dysregulation, nor did it confer protection from prenatal maternal mood. However, a protective effect for prenatal SSRI exposure from prenatal maternal mood was observed for LL infants, while for others SSRI exposure did not confer benefit. To assess these interactions, confirmatory regression analysis revealed that LL Infants were not susceptible, while SL were susceptible to the impact of prenatal depression at 3months while at 6months both genotypes were susceptible. Such a differential susceptibility to prenatal maternal mood, which became a diathesis stress at 6months, possibly reflects an early

differential impact of maternal mood, infant genotype and SSRI exposure, leaving the most vulnerable disproportionately affected during later infancy.

10:45 - 12:15 Symposium

Is more better? Which treatment best suits parents with very low competency and their infants

Moderator: Tyano, S.

Infant Mental Health unit, Geha hospital. Tel Aviv university, Petach Tikva, Israel

Discussants: Guedeney, A.,

Bichat Hospital Paris, France

The intensive Treatment model

Alfandary, I.¹, Keren, M.², Tyano, S.³

¹ *Geha Infant Mental Health unit Israel;* ² *Infant Psychiatry Unit, Geha Mental Health Center, Petach Tikva, Israel;* ³ *Infant Mental Health unit, Geha hospital. Tel Aviv university, Petach Tikva, Israel*

The intensive treatment model was initially created to cater to the needs of families whose children, due to poverty, isolation from supportive networks, low competency in parenting skills and or mental illness, were subsequently deemed to be at risk from emotional and or physical harm. These families and their children (aged 0-3) were provided with a supportive twice- or thrice-weekly therapeutic intervention, which included dyadic parent/ infant therapy and group interventions. Different group interventions were implemented including guided therapeutic play groups, supporting security groups and parental guidance groups using video feedback. As the model has run and developed, helping families improve their parenting competency, we have been revising and developing our model to best suit the families referred to us.

Preliminary results of a cross cultural study of an intensive treatment model for neglecting and/or abusive parents of infants

Viaux-Savelon, S.^{1,2}, Keren, M.³, Alfandary, I.³, Aidane, E.¹, Leclerc, C.^{2,4}, Derotus, L.¹, Camon Senechal, L.¹, Missonnier, S.⁴, Rabain, D.¹, Cohen, D.^{2,1}

¹ *Unité Petite Enfance et Parentalité, Service de Psychiatrie de l'Enfant et de l'Adolescent, APHP, GHU Pitie SalPetriere, Paris, France;* ² *ISIR, UPMC, Paris, France;* ³ *Geha Mental Health Center, Tel Aviv University, Tel Aviv, Israel;* ⁴ *PCPP, Institute of Psychology, University Paris V, Boulogne, France*

Introduction: Neglectful and/or abusive parenting is a major risk factor for infant development. Early intensive treatment may lessen the risk. The most frequent therapeutic obstacle is poor parental compliance. We developed a treatment model based on the intensive provision of support to parents combined with attachment-based guidance.

Method: 50 high -risk families were recruited in French and Israeli IMH units and were enrolled in a parent-infant group and individual parent-child psychotherapy. No control group was available due to ethical limitations. Each case is its own control. The infant's developmental status, the quality of the parent infant interaction and the level of parental psychopathology were assessed at the beginning and the end of treatment (DC 0-3, CGI, BITSEA, SCL 90R, IA, CIB,HOME).

Results: Despite dropout, the therapeutic alliance was better than expected in this type of population. The child's developmental status and the quality of interaction improved significantly. Girls improved more than boys ($p=0,044$) for PIRGAS, and the child's outcome was inversely correlated with the number of risks factors ($p<0,05$).

Conclusions: Despite limitations, the intensive therapeutic approach appears promising in treating and preventing very high risk infants, and may prevent child out of home placement.

New Beginnings in the community – A group intervention for high risk infants and mothers
Fagin, A.

Parent Infant Project, Anna Freud Centre, London, United Kingdom

“New Beginnings” was developed at the Anna Freud Centre and is a group program that addresses the parent-infant relationship. It is a time limited structured intervention attending to individual, dyadic and group dynamics, as well as offering specific weekly topics, and psycho-educational handouts. Its aims are to increase mentalization, improve contingent responsiveness, mobilise parents’ genuine emotional investment in their baby, and develop an environment to build epistemic trust.

The program was adapted for implementation in the community to work with families considered at risk by the Local Authority. Commonly, the families were characterised by intergenerational trauma, deprivation, and multiple stresses, and were often at a point where the removal of the child was a possibility. Targeting professional organisational factors which could improve opportunities for families to make effective use of the program were prioritised. This included how the program was imbedded locally within the child protection system and the therapeutic environment to enable change. This program is currently being evaluated and the measures employed include RF on the PDI, coding for maternal sensitivity, PSI, CORE and PIRGAS.

10:45 - 12:15 Symposium

"Sizohamba phambile" (we will keep going forward): Ububele Umdlezane Parent-Infant Project- 10 Years In

Moderator: Frost, K
Parent Infant Programme, Ububele, Johannesburg, South Africa

The Baby Mat Project – is it enough and good enough?

Frost, K.
Ububele Parent Infant Programme, Ububele, Johannesburg, South Africa

Introduction: The Baby Mat Project was started in 2007 and has been presented at WAIMH in 2010 (Leipzig), and in Cape Town (2012). To date, the Baby Mat is offered at 6 Primary Health Care Clinics in Johannesburg, South Africa and in 2015 approximately 500 dyads accessed the service. There is a growing interest in this Intervention. This paper extends and expands upon the growing number of papers and presentations that grapple with aspects of the Baby Mat intervention.

Description of the project: The Baby Mat intervention is a once off session in a public primary health care setting. Lay counsellors are part of the provision of the service and, as a concept, it addresses some of the infant mental health needs of our society (Dugmore, 2012). Namely it has a large prophylactic component, is accessible to mothers and their infants and it makes use of lay health care workers. However, can the Baby Mat Intervention hold its own in the face of theoretical and clinical scepticism? How can a once-off intervention have any value other than that of a screening and referral source? If the ongoing utilisation of the service is a communication of its value, what is its function? Are Western IMH theories particularly those of Wilfred Bion (1962), such as container/contained, useful or appropriate, as we struggle toward finding our own

language for such concepts? These are some of the questions that this presentation will engage with. Case examples from several Baby Mat Practitioners will illustrate this organic recursive process as we struggle to find our own legitimate language in Alexandra, Johannesburg, RSA.

A Mother-Baby Home Visiting Programme for a High-risk South African Community: Results, Lessons and Questions

Dawson, N.

Ububele Home Visiting Project, Ububele, Johannesburg, South Africa

The Ububele Mother Baby Home-Visiting Project was developed in response to a need to provide low-cost, easily accessible mental health services to mothers and infants in the high-risk, resource low community of Alexandra, Johannesburg, South Africa. Inspired by international home-visiting programmes (Azzi-Lessing, 2011; Olds, Sadler & Kitsman, 2007), and adapted for the South African context, the programme makes use of trained local community members to provide a 14-visit intervention, with the aim of supporting mothers and increasing their maternal sensitivity, reflective functioning, and knowledge about the relational needs of their infants (Bain, Dawson, Esterhuizen & Frost, in press).

Given the necessary adaptations from international practice, such as the use of non-professional staff, and the stark differences in the context of the work, an investigation into the project's efficacy was warranted. Preliminary analysis of the research results into the efficacy of the project has found the intervention to be associated with significant increases in the mothers' levels of perceived support, in levels of knowledge regarding the relational needs of infants and in maternal reflective function capacities (Bain, Dawson, Esterhuizen & Frost, in press). Shifts in maternal sensitivity were, however, not found, despite the strongly documented link between MS and RF in theory and research more broadly (Kelly, Slade & Grienenberger, 2005). In this paper, an attempt is made to understand these findings, with reference to the influence of culture and the impact of trauma on maternal sensitivity. The presentation will make use of quantitative findings, intervention case material and video footage. Implications for research and clinical interventions in culturally diverse settings are discussed.

An exploration of South African contextual dynamics on the application of infant-mental health practice

Richards, J.

Ububele Parent Infant Programme, Ububele, Johannesburg, South Africa

Ububele's Introduction to Working with the Caregiver-Infant Relationship (WCIR) is once a week, 8-week experiential training course for community workers who work with infants. Participants come from contexts where there is limited availability of infant mental health services (Dugmore, 2012). Ububele's engagement with various groups has revealed that little to no input in terms training and support for responding to the attachment needs of the infants they work with has been available. Thus, Ububele's introduction to Psychoanalytic Parent-Infant Psychotherapy training which is offered to professionals has been adapted to be accessible to non-professional groups. Training is conveyed through guided reflective discussion, experiential exercises, video material and close observation of caregiver-infant interactions (Hamburger & Frost, in press). Through discussion of attachment difficulties and the long-term consequences of the earliest relationships, participants explore caregiver-infant attachment within their contexts. A contained space is provided for participants to reflect on their unconscious emotional experiences related to their work, and their identities as carers. An opportunity is offered to gain insight into the potentially

defensive patterns of caregiving that they and their organizations engage in. Participants also bring structural and contextual realities, which complicate “good-enough caregiving”. Participants are representative of a diverse and multicultural community, thus models of western parent-infant theory and practice have been adapted to respond with cultural relevance.

This paper aims to explore the impact of the South African context on infant mental health interventions. Using recorded material from training sessions, facilitator process notes, and pre and post training participant questionnaires, the themes that have emerged within the training processes will be presented, highlighting some of the dynamics of applying infant mental health practices in South African communities.

10:45 - 11:30 Workshop

The development of a perinatal parent infant mental health service (PPIMHS) in the UK

Solts, B., Alexander, K., West, R., Cooke, J.

Complex care directorate-Perinatal mental health team, Sussex Partnership NHS Foundation Trust, Brighton, United Kingdom

Introduction: Early years intervention services for infants and parents are now widely accepted as a key development in promoting, protecting and improving children's mental health (DoH 2015). Current UK govt policy (DOH 2015) outlines the overall context of child mental health services and calls for a ‘step-change’ in service delivery models: rather than organizations defined by what they provide, systems should be built around ‘the needs of infants and their families’ (2015:p.16). This means that infants and parents in difficulty should have improved access to mental health interventions to support attachment and avoid early trauma, delivered by ‘...enhancing existing maternal, perinatal and early years health services...’ (DoH 2015: p.17, NICE CG 192).

Aims and purpose of the work described: This presentation aims to describe the development of a UK Perinatal Parent Infant Mental Health Service (PPIMHS) which provides integrated access to adult and infant mental health assessment and treatment.

Description of the work: This presentation explores the PPIMHS journeys of parents and babies which include or begin with episodes of ill-health. We describe the support offered while managing a) seemingly unpredictable changes in risk of serious mental ill-health (SMI), and b) the safeguarding of the baby/ parent-infant relationship, preventing it from falling between the gaps of multiple service interfaces i.e. ‘silo operating’ (Munro 2012). We highlight a central practice and service design issue: how parent-infant treatment can remain part of the ‘bigger picture’ and to ensure that in-session change does not mask out-session illness.

Conclusions: Our outcomes include

- Reducing the incidence and impact of Post Natal Depression (PND), building on stepped PND HV service.
- Contributing to an evidence base for the ‘Healthy Child Programme (0-5yrs)’ to guide professionals in supporting attachment
- Operationalizing a waiting standard for ‘rapid access’ for women in pregnancy or postnatal period to treatment
- Providing an ‘Early Intervention’ pilot

11:30 – 12:15 Workshop

Reflection-guided learning; a parallel process journey

Loneragan, A.¹, O'Donnell Connorton, R.¹, Goldberg, S.², O'Shea, F.¹

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Introduction: Babies and families meet with a variety of professionals, who have a unique opportunity to promote infant mental health and prevent disruptions in relationships that can lead to negative impact on development. Many of these in South Tipperary, Ireland, had not had training in using an Infant Mental Health informed approach (relationship-based model). Our initiative, through preliminary evaluations, shows how health and social care professionals can be supported in integrating IMH principles and reflective practise into their work by attending a reflection-guided IMH learning group.

Aims: This workshop will describe the journey of three IMH specialists in South Tipperary, along with their USA IMH reflective supervisor in establishing a promotion and prevention IMH initiative within their community. Aims of the group were first, to support the workers to integrate relationship-based, reflective practise into their work and second, for the IMH specialists to build links within the community and to be available as a resource in providing a specialised IMH service.

Description of the project: The format of the group and key elements are described including the use of IMH reflective supervision and IMH principles such as use of self, use of the relationship between the facilitators, and attention to the parallel process. A developmental framework is used to describe the stages involved in this process. Excerpts will illustrate key themes observed in each stage. Reflections on the parallel experiences of families, group participants, facilitators and mentors/supervisor and how these reflections were used to guide the work will be shared.

Conclusions: Evaluation results show that group members' knowledge of IMH principles has been enhanced, as has the application of IMH principles to practise, as well as increased awareness and collaboration amongst professionals around the needs of babies and families. Audience interaction around local implementation will be facilitated during the workshop.

10:45 – 11:30 Workshop

Technology spreading attachment research globally to caregivers of high risk infants

Rygaard, N.P.

Fairstart Global Office, Fairstart Global, Aarhus, Denmark

Introduction: The basic family structure and care for infants is threatened by migration, urbanization and conflicts, causing millions of children to be separated from parents, ending up in insufficient government and NGO care systems. How do you educate the underprivileged caregivers in the world's orphanage and foster care systems? How can our research results in quality care reach out globally - to governments, major NGOs, and local professionals?

Purposes: To deliver research-based 6 month training for groups of caregivers in attachment and relations-based care and organizational development. To empower and assist the rise of local care monitoring systems, respecting local cultural and social circumstance. To contribute to the setting of global standards for quality care education.

Description: An international network of infant researchers contributed to presenter's design of online education curriculums in attachment-based care. First implemented in local languages in ten European Union countries for four years, www.fairstartglobal.com now reaches care systems across the globe, offering free 6-month training programs in local languages in Asia, Europe and

Latin America. On the EdX platform offered by Harvard and MIT, a program instructor's education has been developed as part of a two year implementation process.

Conclusions: The workshop describes how IT learning and local training, research networks and local child policy leaders, are connected in the implementation process. Important experiences, options and challenges in large scale IT learning projects are summed up for participants planning their projects. Presentation is based on the co-editing of a special issue of IMHJ (35,2), and the presenter's WAIMH Perspectives paper, *Infant Mental Health in the Global Village* (Winter 2015).

11:30 – 12:15 Workshop

Deepening our clinical practice in solidarity for social justice: diversity-informed infant mental health tenets

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² Division of Behavioral and Developmental Pediatrics, Boston Medical Center, Boston, United States; ³ Program, Irving Harris Foundation, Chicago, United States; ⁴ Department of Psychiatry, University of California San Francisco, San Francisco, United States

Introduction: Across the globe, societies are saturated with conflict from historical and present day injustices due to ethnic, racial, religious, sexual orientation, immigration status and differences. If diversity issues are not addressed deliberately they can play out covertly in ways that replicate injurious patterns in society at large or reproduce historical injustices. The *Diversity-Informed Infant Mental Health Tenets* offer a context for addressing historical and structural systems of oppression by providing a framework for step-by-step reflection on personal beliefs and behaviors, improving practice, and changing policies/systems. *The Tenets* are created for practitioners who work with or on behalf of families with young children.

Aims: This workshop introduces *The Tenets* via self-reflection, vignettes, and lecture. Each Tenet is considered with respect to diverse of areas of practice. Presenters will engage the audience in group discussion reflecting on *The Tenets* and thinking about implementation and applicability to their own work. Participants will emerge from this workshop with a deeper understanding of the social justice issues interwoven into their sphere of practice, a new tool for identifying and addressing obstacles to social justice, and strategies for bringing these tools into their practice.

Description: *The Tenets* are guiding principles developed by the Irving Harris Professional Development Network that aspire to raise awareness of inequities embedded in our society. Dissemination of *The Tenets* is taking place in the United States and Israel in diverse spheres of infant mental health.

Conclusions: Infant Mental Health work is social justice work. Creating social change in professional circles working to address infant mental health needs can be very challenging. Many people argue they don't know where to start. *The Diversity-Informed Infant Mental Health Tenets* raise awareness of inequities by empowering individuals and systems to identify and address social justice issues intertwined with mental health work.

10:45 - 12:15 Brief Oral Presentations

Putting Infant and Parent Mental Health on the Map

Facilitator: Puckering, C.

United Kingdom

The First 1000 Days – a unifying message in post-apartheid South Africa

Berg, A¹, Malek, E²

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² Parent, Infant and Child Health Work Group, Provincial Government of the Western Cape, Cape Town, South Africa

In South Africa's political past 'separate development' was used to justify Apartheid. The separation of people also became a separation of systems, each functioning in isolation. This led to duplication of services and institutions with minimal communication and collaboration between them. So entrenched was this separation that it continues into present times, despite the outer changes which democracy resulted in.

Although infant mental health had been an area of clinical and research interest since the mid-1990's, it did not succeed in rising into the upper layers of the governmental priorities. This changed fairly abruptly about 4 years ago. This was perhaps due to grass-root level organizations lobbying for better early childhood development services and internationally by neuroscience research. Within a relatively short time the term "The First 1000 Days" has become a catch-phrase, its priority having been placed at the highest level in the provincial government structures. The aim of a specific multi-disciplinary work-group is the unifying of various sectors of the administration, thereby enabling a broad-based inclusive message about the importance of the beginning of life to be delivered to all population groups. Besides the endeavor to work together across systems, there is the challenge of delivering the message in a manner that is respectful of cultural diversity. It is in this nuance that true transformation is manifest.

The symbolic significance of infants, the new beginning and hope that a young life brings with it, the need for utmost care, dovetails with compelling findings in the neurosciences. This combination of these forces – the symbolic and the concrete scientific – have led to a surge of interest and a commitment at highest level to increase universal awareness of the importance of the First 1000 Days

Putting the baby first in perinatal mental health

Puckering, C.

Programme Development, Mellow Parenting, Glasgow, United Kingdom

Introduction: The UNICEF/Innocenti Report Card 11 lists the wellbeing of children in relatively rich countries on a number of indices including health, education and children's own self-reported happiness. Even within these apparently wealthy countries, there are discrepancies in outcomes for children, with northern European countries doing well and others having less good outcomes.

Aims: To explore countries whose children grow up healthy and happy so that lessons learnt from them can be more widely used.

Description of the project: In 2015, I was awarded a Winston Churchill Travelling Fellowship to visit a number of countries and explore how they identified children at risk of poor outcomes early, even in pregnancy. Where help was needed, what support and interventions were offered to mothers and fathers to support good parent-child relationships? To understand more targeted services, I also wanted to know what antenatal and postnatal services were offered universally

and how these were funded and accessed. I visited Norway, Netherlands, Finland and Iceland, all of which are in the best ranked countries, interviewing professionals, visiting agencies and services and meeting children and families in their daily lives.

Conclusions: Good outcomes do not come from any one single action. Societal attitudes to children and parenting underlie family life. Attitudes and expectations vary across cultures. For example, in Norway, on Sunday all the shops close and children and families go out into the forest and babies take their daytime naps, well wrapped up, outside, even when it is -10C! Parental leave and family financial support are important. Ready access to child health clinics with staff trained to understand early relationships and infant mental health are a key part of services. Multiprofessional and multi-agency communication ensures that families at risk do not fall through the net.

Infant mental health consulting in a social justice context: mother right

Boyatt, J.

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How can we use our expertise in infant mental health to support the struggle for social justice for infants and their families? In a US hospital, a two-day-old infant was removed from her immigrant mother without her knowledge or consent. In the subsequent lawsuit, IMH consultation provided a culturally sensitive evaluation of the mother's attachment status, her experience of the traumatic separation from her baby and the impact of both the separation and later reunification on the dyad, providing crucial support for the agency representing this mother's rights.

Aims: Encourage infant mental health clinicians and researchers to consult with human rights organizations in support of immigrant infants and their caregivers, particularly the right to family unity.

Description: The Southern Poverty Law Center contacted me to do a psychological evaluation of their client whose two-day-old baby had been taken from her without her knowledge or consent. Only after two months did the mother learn that her daughter had been given to an American family for adoption. They endured another 10 months of separation before being reunited by federal order. Four years later I evaluated the mother and the now five-year old child. My formal evaluation of the mother helped articulate the mother's immediate suffering when her baby was stolen, as well as the long-term psychological impact of their separation. My informal evaluation of the current relationship between the dyad documented the resiliency of both in surviving their separation and successfully negotiating their reunion.

Conclusion: Infant mental health expertise can be used in consultation to positively impact societal change. Our unique ability to articulate consequences of traumatic separation, to emphasize the importance of secure attachment for optimal human functioning throughout the lifespan, and to help construct pathways to resilient reunion are valuable resources that can strengthen the efforts of human rights organizations.

A father's role in maternal perinatal depression: an analysis of male calls to the Australian Post and Antenatal Depression Association telephone help line

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Introduction: Depression rates among new fathers have been found to be higher than that for men in the same age group (Paulson et al., 2006) and a meta-analysis found an average 10.4% of

fathers depressed both before and after the birth (Paulson & Blazemore, 2010). However, since maternal depression rates are estimated at 23.8% (Paulson & Blazemore, 2010) in the majority of families it will be the father who is supporting a distressed mother. Telephone helplines have become an important source of support for community members facing health-related issues. In Australia a Post and Antenatal Depression Association (PANDA) telephone help line receives over 11,000 calls per year with more than 1000 from males seeking information or assistance (PANDA, 2015).

Aims of the study: To describe the presenting issues, underlying risk factors, relational vulnerabilities, service responses and intervention outcomes of male callers.

Material and Methods: Counsellors complete a detailed log for each call. The logs for all of the male callers for the year 2014 were analysed to identify presenting issues and service outcomes. An a priori framework was developed to extract presenting issues, underlying risk factors, relational vulnerabilities, service responses and intervention outcomes from the case notes.

Results: This presentation will identify the major issues brought to the helpline by the fathers. The men's relationship concerns with their infants and their partners will be described. The effects on the father of maternal distress and compromised mental health will be detailed from the logs.

Conclusions: Lessons for professionals engaged with families over the perinatal period will be drawn from the analysis presented.

Baby steps: a relationships focused perinatal group program

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Introduction: A UK major review found that antenatal education was highly medicalized, with limited focus on the emotional transition to parenthood, rarely engaging the most vulnerable families.

Aims of the study: To develop and test a manualised perinatal group programme (Baby Steps) to support higher-risk men and women in their emotional transition to parenthood. Baby Steps, an interactive 9-session relationships programme was developed based on research that parents who can mentalize about self and baby's emotional state are more likely to respond sensitively. The programme is co-delivered by social workers and health professionals.

Method: The Baby Steps programme has been piloted in 9 sites in the UK. Qualitative (survey responses n=148 and parent interviews n=51) and quantitative (pre and post measures n= 200) data has been collected measuring the parents' relationship with their infant, the couple relationship, health and birth outcomes, including mental health outcomes for parents. Thematic qualitative evaluations were conducted into the program's effectiveness with parents from minority ethnic groups and parents in prison.

Results: Overall parental satisfaction with the programme is high, 98% of respondents reporting that they found it helpful and 93% that it helped prepare them for the birth of their baby.

Statistically significant improvements were noted in levels of maternal self-esteem, and maternal anxiety and couple relationship satisfaction improved especially for those who started in high risk categories. Compared to population norms mothers had lower rates of caesarean sections, prematurity and low weight babies. Parents' attachment to their unborn babies improved during the antenatal period and this continued in the postnatal period.

Conc: Findings are encouraging and suggest that Baby Steps equips parents to provide sensitive, responsive care to their babies. The first NHS staff are now being trained to deliver the programme.

A pediatric inpatient treatment based on infant mental health approach: Reattachment therapy for 2 teenage girls with psychiatric problems

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Introduction: Understanding children's symptoms as signs of attachment problems led us to create the 're-attachment therapy.' This approach, based on the principles of infant mental health, focuses on retrieving sound attachment and on preventing intergenerational transmission. We create a secure base in the pediatric ward, provided by the team which functions like a uterus with warm amniotic fluid.

Aims: We retrospectively analyzed two girls: A with anorexia nervosa and B with somatoform disorders hospitalized from 2013 to 2015.

Description: A, a 15-year-old-girl with a Japanese father and an Italian mother, developed anorexia nervosa after the Great East Japan Earthquake. On hospitalization, A drank enteral nutrition from a bottle holding onto doctor's hand. The ward became her secure base. She wrote to her mother, "I 'm not yours. I won't go home unless you solve our family problems." This led A's mother to reflect on her own mother who had been orphaned and molested by relatives in childhood. The father made a boundary between his own family and his parents to improve family solidarity.

B, a 14-year-old-girl, developed leg pain after running race. She complained, "Nobody understands my pain!" She confided her tragedies, witnessing a suicidal attempt of her elder sister, her mothers' affairs and ensuing stalking by her father. The team shared B's sadness which led her to trust us. She wrote to her parents, "My family is already broken. I want you to support me." Her mother reflected on her attachment to her own mother who favored her sister more. This led her to acknowledge B's loneliness. B wrote to us, "This ward is my childhood home and always stays in me."

Conclusions: A and B recovered through re-attachment first to the team then to their parents. Mothers became aware of their own attachment conflicts, transmitted down the generations.

Mothers and children's attachment representations on the CAPEDP-A II study

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Introduction: Based on a model of assimilation of parenting it is postulated that the quality of social bonds between a child and his parent is transmitted across generations (George & Solomon, 1999). External changes, like intervention programs may, however, allow the interruption of the insecure intergenerational cycle via the promotion of more secure working models and/or via improvements in the parental interactions with the child. The CAPEDP project is a randomized-controlled trial evaluating the impact of a manualized home-visiting program on child mental health, and its major determinants, with 440 young first-time mothers presenting at least one other psychosocial risk factor. The CAPEDP-A (Attachment) study phase II, is a follow-up study aiming to assess attachment quality, on a subsample of 100 families, when children were 48 months of age.

Aims of the study: Within the context of the CAPEDP-A II project, we aim at analyze the (non)concordance between mothers' and children's attachment representations.

Material and method: Attachment representations were assessed in 100 mothers and their children, using the Adult Attachment Narrative (AAN; Harriet Waters, 2001) and the Attachment Story Completion Task (ASCT; Bretherton, Ridgeway, & Cassidy, 1990), respectively.

Results: All data are collected and coded, but blind double coding, for 30% of the children sample, and statistical analyses, is still in progress.

Conclusions: Parents' psychological problems, and the vulnerable social contexts into which children are born, can both have a deleterious effect on their later development. We'll discuss our results in light of the importance of studying the transmission of representational processes on adult and children attachment and its interface with therapeutic changing processes.

10:45 – 12:15 Workshop

Promoting infant/toddler mental health through university-community collaborations

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Introduction: A university-community collaboration can be very effective in demonstrating the feasibility and effectiveness of innovative prevention and therapeutic services to promote infant/toddler mental health in community contexts. University researchers can contribute general knowledge about what works and how to measure and evaluate the intervention's effectiveness; service professionals and community agencies are knowledgeable about the local clientele, service regulations, and best practices. But such a university-community collaboration is not easily created and conducted, because researchers and community agencies often have different values, purposes, and criteria for their work. But when they work well, the joint benefits can be substantial.

Purpose: This workshop will provide a forum to discuss lessons learned from successful university-community partnerships that demonstrate the feasibility and effectiveness of new services to promote infant/toddler mental health and to provide a guide for how to cultivate such partnerships.

Description: Two presenters will outline keys to success. One, who has implemented numerous collaborations in the USA and other countries, will present guidelines for successful collaborations, including having a common purpose, specific goals, a diverse group of team players with complementary and necessary roles, strong but sensitive leadership, and regular meetings. She will illustrate with concrete examples from successful partnerships that involved several academic disciplines and diverse service professionals. The other presenter, from the Russian Federation, will describe guidelines from two new service demonstrations that helped to change national practices and policies. One was Russia's first early care center to practice inclusion of children with disabilities, and the other revolutionized institutional care for infants and toddlers. He will emphasize respect for diverse partners, team building activities, joint contributions on all project components, and involvement of directors and administrators.

Conclusion: Another experienced collaborator will moderate the discussion among presenters and attendees.

10:45 – 11:30 Workshop

Treating young children and parents exposed to violence and conflict: The therapist's role in repairing moral development

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Exposure to violence and adverse traumatic experiences is harmful to the physical and mental development of young children (Harris, Lieberman & Marans, 2007). Attachment, the modulation of affect, metallization and problem solving capabilities are put at risk (Paynoos, Steinberg & Piacentini, 1999). In the case of domestic violence the role of the parent as a victim or a perpetrator undermines the ability of the child to rely on both his/her parents as attachment figures. The child's development of a moral conscience, especially at the Oedipal stage, is disrupted.

Children exposed to violence are at high risk to be either subject to further victimization or to becoming violent adults themselves. Furthermore, the effect of the early failures in moral development may be later connected with the failure to communicate and negotiate conflicts on an interpersonal level as well as on a social and political level.

We claim that the therapist has a social responsibility to prevent the recurrence of violence in the future. As opposed to the classic stance of neutrality, the therapist needs to actively address themes of morality and conscience. She/he helps the child and the parents reorganize themes of good and evil, right and wrong, law and order, as they emerge from the personal story of the family.

The workshop will be based on the principles of Child-Parent Psychotherapy, an evidence-based model, developed by Lieberman & Van Horn (2008), which is aimed at helping children and parents deal with trauma. The workshop will integrate theory and clinical vignettes to address issues related to the therapist's role in reconstructing trust and moral judgment.

11:30 – 12:15 Workshop

Staying longer in the hard places: facilitating attuned interactions amidst family and community unrest

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Introduction: Baltimore City, Maryland experienced community protest and civil unrest related to the tragic death of an African-American man while in police custody. Immediately following the days when unrest erupted into riots with the National Guard flooding the city, providers of developmental therapy services were in the homes of the clients they serve. Guided by the FAN (Facilitating Attuned INteractions) approach, these visitors held the families' and their own strong

emotional reactions in a way that helped the relationships grow closer in spite of the racial and economic divide between them. In Chicago, New Orleans, Oakland, and Phoenix—all cities facing racial and economic injustice or environmental disasters—home visitors use the FAN approach to engage respectfully and collaboratively with vulnerable families.

Aim: The aim of this workshop is to present and demonstrate the FAN in home visiting programs based in cities challenged by family or community unrest.

Description: Attunement is the experience of feeling connected and understood. Within attuned interactions, safety increases, anxiety lessens, and capacity is released. This workshop will present the FAN, a framework for attunement to self and other within helping relationships. Participants will learn the ARC of Engagement to structure home visits and four FAN core processes to offer interactions which most closely match what the parent can use in the moment. The fifth process, Mindful Self-Regulation, enables the home visitor to remain the calm center for change. Evaluation of the FAN finds that home visits are more parent-led; home visitors see more from the parents' perspective and are able to stay calm and think clearly in distressful situations. Parents are more engaged and visitors feel more effective.

Conclusion: Participants will learn an approach to attunement in relationships which is generalizable across settings and program models and promotes family engagement and provider well-being during times of unrest.

10:45 - 12:15 Symposium

Maternal representations in the context of military conflict, war, and refugee

Moderator: Isosävi, S.

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Arab-Israeli families of children with autistic spectrum disorder: associations between mothers' representations of the child and maternal sensitivity

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Attachment theory underscores two representational processes underlying parental sensitivity: parents' construction of undistorted representations of their child, and in the context of children with special needs, resolution or coming to terms with children's diagnosis. However, examination of both processes within the same study is rare, and little is known regarding the meaning of resolution for non-Western families. Thus, we examined the association between the two representational processes and parental sensitivity among Arab-Israeli mothers of boys with Autistic Spectrum Disorder.

The study included 43 dyads. Undistorted representations were assessed via maternal coherence (i.e., clarity, consistency and multidimensionality) in narratives regarding the child (Five Minute Speech Sample-Coherence; Sher-Censor & Yates, 2015). Resolution was measured using the Reaction to Diagnosis Interview (Marvin & Pianta, 1996). Scores were combined into a coherence/resolution scale (0 = incoherent unresolved; 1 = coherent unresolved or incoherent resolved; 2 = coherent resolved). Maternal sensitivity was rated from dyadic play interactions (Emotional Availability Scales; Biringen et al., 1998).

Controlling for maternal education and child functioning, coherence/resolution was associated with increased sensitivity. The study supports the validity of narrative coherence and resolution for Arab-Israelis, and suggests that forming undistorted representations and achieving resolution of the diagnosis are important intervention goals.

Exposure to missile attacks moderates the links between maternal representations of her child and maternal sensitivity

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There is growing awareness that trauma disrupts parenting. We examined this notion using a quasi-experimental design, focusing on the effects of missile attacks on mothers' representations of child, maternal sensitivity, and their interrelations.

Data was collected during 2009-2012 on Jewish-Israeli mother-toddler dyads ($N = 33$) residing in Sderot, exposed then to daily missile attacks from Gaza. A control group ($N = 34$) residing outside the range of missile attacks was also recruited. Mothers' representations were measured via the coherence (i.e., clarity, consistency and multidimensionality) of their narratives regarding their child (Five Minute Speech Sample-Coherence; Sher-Censor & Yates, 2015). Maternal sensitivity was assessed from mother-toddler play interactions (Emotional Availability Scales; Biringen et al., 1998).

Sderot and control groups did not differ in rates of maternal coherence. However, Sderot mothers were less sensitive than control group. Furthermore, the link between coherence and sensitivity was evident only among control group. Further analyses indicated that even if dyads were exposed only once to missile attacks, coherence did not relate to sensitivity. Thus, exposure to missile attacks did not hamper mothers' construction of multifaceted and undistorted representations of their child. However, such exposure may have hindered the translation of representations into sensitive caregiving.

Mothers' high-risk representations of infant in the context of military conflict: associations with maternal mental health and mother-infant interaction

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Parents' representations of infant are central to intergenerational transmission of attachment. In high-risk samples, atypical representations predict disturbed caregiving. However, earlier studies have focused on Western parents with e.g. mental health problems. Here, we examine 1) how mothers' pre-and postnatal mental health associates with high-risk representations among Palestinian dyads living in war context, and 2) how mothers' mental health and representations contribute to parent-infant interaction.

Method: Subjects were 451 mothers-infant dyads from the Gaza strip, Palestine. At the 2nd trimester of pregnancy (T1), mothers' prenatal mental health symptoms (depression and PTSD) were assessed. When infants were one year (T3), mothers' representations were assessed using the PDI (Parent Development Interview, Slade et al., 2005). 100 interviews were analysed with the ARR (Assessment of Representations of Risk, Sleet, & Wain, 2013) scale. Mothers' postnatal mental health and mother-infant interaction quality was assessed with self-rate version of EA (Emotional Availability) scales (Biringen, 2008; Vliegen, 2009)

Results: Preliminary results show that both pre- and postnatal maternal mental health symptoms associated with mothers' difficulty in soothing the infant. Postnatal symptoms in particular associated with decreased close, positive and scaffolding interactions. Results of representations' possible mediating role will be presented at the conference.

Interplay between war trauma and culture in maternal representations among refugee women

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Background: In early parent-child interaction biology and culture meet, contributing to the individual and socio-historical variety of parenting (Keller, 2002). Some features are considered universal (e.g., infants' tendency to direct attention to social stimuli, preference for motherese) and some culturally-bound (practices and cultural scripts of interaction, and values of what is good or harmful for infants). In war and life-threat, parents employ all resources to protect their children, and cultural scripts may serve this purpose. First, we analyze possible differences in mothers' representations about their parenthood and infants in four cultural groups: one where mothers have immigration experience without refugee background (Russian), and three where refugee experiences are common (Kurdish, Somalian, and Iraqi). Second, we examine how war trauma possibly impacts maternal representations in the refugee groups.

Method: Participants are refugee and immigrant women settled in Finland (Russian, n=24, Kurdish, n=13, Somalis, n=12, and Iraqis, n=13). Four fieldworkers of their ethnic background interviewed mothers during pregnancy (the 2nd trimester), and the child being 4 and 12-months old. At 12 months, mothers' representations were assessed using ARR (Assessment of Representations of Risk, Sleet & Wain, 2013).

Results: Primary analyses suggest cultural differences rather than trauma impacts on contents of representations.

10:45 - 11:30 Video Presentation

Our mother was a street child, we have been connected to the street since our birth, which future would we have?

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¹ *Department for Child and Adolescent Psychiatry and Psychotherapy, University of Tübingen, Tuebingen, Germany;* ² *Clinic for Child and Adolescent Psychiatry and Psychotherapy, Klinikum Stuttgart, Stuttgart, Germany*

This film takes the case of those who cannot afford the treatment, not even usually consults in mental health common settings – street children, those under severe adverse circumstances. Deprived of attachment figures in their everyday lives, do they still represent parental figures in their narrative responses to social challenges, and if so in what way, or have they reconstructed their social world without parental figures? Psych and social dimensions, such as: transgressions spots, gangs organization, survival strategies, rapport, relating with their own and other's bodies

are connected to the street children identity and subjective construction. That makes the street space work as a paradoxical reference source (Menezes, et. al. 1998). Sexual and mental health problems are on the increase world-wide especially among street children (Guernina, 2004). Three case studies presented in this film illustrate novel ways in which male brothers aged 11, 08 and 05, "born on the street", were engaged with narrative story-stem protocols to assess their perceptions of care and caregiving, and examine linkages between these perceptions and other aspects of their experience. Narrative Story Stem Techniques assess children's mental representations of relationship qualities via standardized story stems, to which children respond by enacting spontaneous narratives, thus it seems particularly well suited to understanding street children who by definition generally do not have adults who know them well who can provide an account of their functioning. The study was approved by the Juvenile Court of Campinas, Brazil. The first time an NSST protocol has been used with this population; there is no previous work with which to compare the current study. Each of these children demonstrated capacities for responding as competently to story stem tasks and also shows understanding of moral themes and social competence, despite their differences in mental representation.

11:30 – 12:15 Video Presentation

"Child On The Rainbow", a show by parents of children with special needs

Shlomy, D.

Psychology, Haifa University, Haifa, Israel

The show "Child on the Rainbow" came to be as a result of a will of a Parent Group Counselor and a Music Teacher, who is a parent of a child with special needs, to mutually create the show. The idea was welcomed by a group of parents of children with special needs who are members of the "Aleí Cotert" club operating in the Izrael Valley regional council in Israel.

In order to get to the heart of things, the way to the stage begun by working with Playback Theater techniques. A process took place during the group sessions in which each participant reveals his difficulties associated with raising a child with special needs, and with the group's help takes another step towards peace within himself and acceptance. Each session was recorded and later served as raw material for play.

The next step was meeting with a professional director who transformed the raw material to ten separate scenes telling the story of everyday life of parents of children with special needs, in a wise and humoristic way. Topics covered in the play deal with issues such as: coming to terms with the diagnosis, shame, family relationships, society's attitude and prejudice. In addition, incorporated into the show are two pieces of poetry and one piece written by Chanoch Levin. The importance of the dialogue is tremendous empowerment experienced by both parents and professionals and everyone who has an opportunity to experience a real and sincere sense of understanding of the world of parents to children with special needs. Note: The video is Hebrew speaking with English subtitles

10:45 – 11:30 Poster Workshop

Cultural Adaptation of Two Integrated Approaches, PiCCOLO and Touchpoints

Facilitator: Cook, G.¹, Puura, K.²

¹ USA, ² Finland

Translation and cultural adaptation of the PICCOLO in six countries: Process and outcomes

Discussant: Roggman, L.A.

Human Development, Utah State University, Logan, UT, United States

PICCOLO's cross-cultural adaptation process implemented in Spain

Vilaseca, R.¹, Rivero, M.¹, Bersabé, R.M.², Cantero López, M.J.³, Navarro-Pardo, E.³, Valls, C.⁴, Ferrer, C.¹, Cubero, A.¹

¹ *Developmental and Educational Psychology, University of Barcelona, Barcelona, Spain;*

² *Methodology for the Behavioral Sciences, University of Málaga, Malaga, Spain;* ³ *Developmental and Educational Psychology, University of Valencia, Valencia, Spain;* ⁴ *Psychology, University of Abad Oliva, Barcelona, Spain*

The main aim of this work is to assess the predictive value of parenting on the child's psychological development, in both normally developing children and children with intellectual disabilities in Spain. Parenting will be assessed with the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes; Roggman, et al., 2013). We will present the results of the translation, cross-cultural specific data, and observations from the expert review and pretesting. We will present the process and results with a sample of 80 parents, mostly mothers, with a child between 12 and 36 months (normally developing) and 20 parents with a child with disabilities between 12 and 47 months. Among the four PICCOLO's subscales (Affection, Responsiveness, Encouragement and Teaching), Teaching showed the lower scores and Responsiveness the higher in both samples. We will also present correlations between the four PICCOLO's subscales and Bayley's scores in a small sample of 20 parents.

PICCOLO's cross-cultural adaptation process implemented in Chile

Farkas, C., Muzard, A., Gallardo, A.M., Strasser, K., Badilla, G., Santelices, M.P.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

Instruments are necessary tools in our field to collect specific information from children, parents and/or communities, and could orient intervention processes as well as their evaluation. But the translation of instruments to other languages considering the cultural differences does not receive much attention from the field. This poster presents the cross-cultural adaptation process implemented in Chile to achieve equivalence between the American-English original PICCOLO as well as the adapted version in Spanish (Chilean). The steps followed and presented are initial translation from English to Spanish considering the Chilean language specificities, synthesis/reconciliation of the translations integrating expert translations as well as psychological points of view, expert committee review, and back translation to English. The pretesting and testing process conducted during this translation is also presented considering adaptation in the application to parents as well as teachers. The poster focuses on issues encountered during the different steps of the process, training on the instrument and cultural considerations.

Cross-cultural adaptation of the PICCOLO measure in Brazil

Schneider, A., Jenkins, J.

Applied Psychology and Human Development, University of Toronto, Toronto, Canada

This poster describes the first steps of the cross-cultural adaptation process implemented in Brazil to achieve equivalence between the original American-English PICCOLO (Roggman et al, 2013) and the adapted version in Brazilian-Portuguese. The cross-cultural adaptation process looks at both language (translation) and cultural adaptation issues, and it is required to ensure that a construct is measured the same way across cultures and items remain equivalent in content when applied in different cultural and linguistic contexts. The steps implemented and presented are: (i) initial translation from American-English to Brazilian-Portuguese; (ii) reconciliation/synthesis 1; (iii) expert committee review/synthesis 2; (iv) target population review/synthesis 3; (v) back translation; and (vi) review by the authors of the instrument. The PICCOLO is an observational measure of developmental parenting that identifies 29 positive parenting behaviors that predict child development in three major areas: socio-emotional, cognitive and language. The poster focuses on issues encountered during the steps described above and presents cultural considerations.

PICCOLO: Translation into German and implementing in different working fields and contexts – an intercultural and interdisciplinary challenge

Watson, M.¹, Keller-Schuhmacher, K.²

¹ *Child and Adolescent Psychiatry, F-NETZNordwestschweiz, Basel, Switzerland;* ² *Psychology, F-NETZNordwestschweiz, Basel, Switzerland*

The poster presents two challenges we met translating PICCOLO into German and looking for ways to implement this tool in different working fields and settings.

Translation process: Trying to find precise and corresponding words we are confronted with German terms that transport obsolete conceptions regarding developmental and learning processes in the early years of life. Of course literal translation is an obstacle by itself. We will present some of the encountered difficulties and how they were dealt with.

Implementing process: We will illustrate the group process and the discussion from a focus group aiming to implement PICCOLO in various working fields and settings. Participating professions are: social work, day-care setting, curative education in the early childhood ("Heilpädagogische Früherziehung"), baby-toddler-clinics (pediatrician and psychotherapist). (1) All participants were trained with the user's guide and the corresponding DVD. (2) All experts contributed their experience with PICCOLO which led to detailed discussion. (3) Finally practitioners were invited to videotape own interactions with children, to evaluate them in their teams and to feed back their PICCOLO-scorings to the focus-group.

Parent-child interaction: Results of PICCOLO with Turkish grandmothers

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¹ *Child Development, Kırıkkale University, Kırıkkale, Turkey;* ² *Developmental Child Neurology, Hacettepe University Children's Hospital, Ankara, Turkey*

PICCOLO has already been translated into Turkish and reliability and validity established and we will briefly describe the translation/adaptation process. The purpose of this study was to determine the usefulness of the PICCOLO with grandmothers. The number of working mothers in Turkey is increasing. Grandmothers usually give care for the children of working mothers. This method of childcare is safer and more economical for Turkish families. Early positive parental skills and safe / supportive environments are crucial for child development. There are few studies on the

interaction skills of grandmothers. In our study; grandmother's child interaction skills were examined using the Turkish PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes). The results will be presented; early results demonstrate higher levels of affection and encouragement than teaching.

Improving home visit quality through observation: Three ways to use observational data to improve the quality of interventions with at-risk families of infants and young children

Innocenti, M.¹, Roggman, L.²

¹ Center for Persons with Disabilities, Utah State University, Logan, UT, United States; ² Family & Human Development, Utah State University, Logan, UT, United States

Introduction: Many individualized services for at risk families of infants and young children occur through home visiting but are often limited by ineffective implementation practices not supported by research (Azzi-Lessing, 2011; Dunst & Trivette, 2009). Data can be used to improve the quality of these services by incorporating observational data into supervision, professional development (PD), and continuous quality improvement (CQI).

Aims: We have collaborated with home visiting programs serving infants and toddlers in at-risk families to use observational data. Research-based home visiting practices (responsiveness to family strengths, relationship with family, facilitation of parent-child interaction, collaboration) and family engagement (parent-child interaction, parent engagement, child engagement) are observed during a home visit or from video to rate implementation strengths (HOVRS; Roggman et al., 2014); developmentally supportive parenting behaviors are observed during parent-child interaction to identify growth in parenting (affection, responsiveness, encouragement, teaching; PICCOLO; Roggman et al., 2013).

Description of the Work: Training in the use of these reliable and valid observational measures was provided to US home visiting programs for three purposes (supervision, PD, CQI). Examples include: For supervision, one program used data from HOVRS observations as part of reflective developmental supervision to identify training needs and set individual quality-improvement goals. For professional development, we guided a multi-program professional development system, using home visit observations and quality data to identify strong implementation practices to share and discuss and thereby increase the overall quality of practices within the community. For continuous quality improvement, another program used both home visit and parenting observation data to coach desired behaviors as part of continuous quality improvement.

Conclusion: These programs improve the quality of home visiting services by increased use of data from observations of home visits and parenting interactions. Strategies, approaches, and lessons learned will be shared in this clinical workshop.

Professionals, organizations, and systems of care working together to enhance parenting throughout the first Touchpoints in life

Discussants: Barbosa, M.^{1,2}, Leitão, L.^{3,2}, Espírito Santo, J.², Tinoco, J.²

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Integrating Touchpoints Model into parenting support in a changing Portuguese society

Barbosa, M.^{1,2}, Brito, A.T.^{2,3,4}, Gomes-Pedro, J.^{1,2}

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Ciências e Tecnologia, Lisboa, Portugal; ⁴ CEDAR, University of Warwick, Coventry, United Kingdom

In 2013, Portugal had the lowest birth rate in the European Union. The country is facing a severe financial and economic crisis, with strong social impacts, such as the increase of the unemployment rate, emigration, risk of poverty and social exclusion. Families' expectations, stability and well-being are threatened, as well as their capacity to raise healthy children. Based on the guiding principle "value disorganization and vulnerability as an opportunity" of the Touchpoints Model (TM), national data on parenting was analyzed as well as the components of the current health and educational system.

As a result, the integration of TM as a common language to support families in the different systems that influence them is proposed. This integration involves: a) taking advantage from the contact opportunities offered by the national health system and training their teams in the TP approach; b) enhancing the development of programs for young children and their families in the community; c) incorporating TM into the curriculum of faculties namely in modules concerned with children's care (e.g. health, education, social work, social science and law); and d) implementing policies that comprise the systemic, programmatic and organizational policy levels through strategies sustained in well-documented experiences, research and theories.

Brazelton Gomes-Pedro Foundation for Baby and Family Sciences – Nurturing, developing and promoting a new intervention paradigm through professional development

Brito, A.T.^{1, 2, 3}, Barbosa, M.^{1, 4}, Gomes-Pedro, J.^{1, 4}

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The Brazelton Gomes-Pedro Foundation for Baby and Family Sciences (FBGP) was established in 2010 with the mission of "fostering, developing and promoting a new clinical intervention paradigm inspired in a Relational Model and in the assumption that facilitating the baby's attachment to its family will have significant repercussions throughout its development" (FBGP Mission).

Professional development offers include post-graduate training in Baby and Family Sciences (one year training); the Brazelton Touchpoints Individual Level Training Program (40h); initial Touchpoints approach seminars (6 to 12h); Newborn Behavioral Observations System (NBO) and Neonatal Behavioral Assessment Scale (NBAS) introductory courses (16h) and certification (6 months to one year); and FBGP International Conferences (every three years).

After this initial period we aim to:

- 1) Identify participants involved in FBGP professional development offers, namely focusing on professional areas of intervention, workplace and location in Portugal;
- 2) Describe the training impact, particularly concerning participant's transformed perceptions, attitudes and interventions in relation to families and children they work with.

Analysis of 186 participant's identification data (all training offers); descriptive statistics and content analysis of pre/post training questionnaires (introductory NBAS and NBO courses and Touchpoints courses); content analysis of reflective practice and final action-research projects

(post-graduation) was completed. Results reveal that professionals from diverse areas - namely health, psychology and education, working in public, private and social solidary institutions, value the impact of training and professional development offered by FBGP, both as individuals and as professionals. Descriptive statistics and content analysis indicate that learning opportunities for participants in which they are a) actively involved, b) have longer periods of training (more than 8h), c) work in small groups (25 or less participants), and d) are strongly supported by reflective practice, lead to more concrete and transformational outcomes in their intervention using NBO, NBAS and Touchpoints developmental and relational model

“Recognize what you bring to the interaction” – transforming and enhancing practice through reflective work

Brito, A.T.^{1, 2, 3}, Barbosa, M.^{1, 4}, Gomes-Pedro, J.^{1, 4}

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The Brazelton Gomes-Pedro Foundation for Baby and Family Sciences (FBGP) was established in 2010 and, since then, offers several training and professional development courses to help reach its mission of enhancing “a new clinical intervention paradigm inspired in a Relational Model”. Among these courses, a post-graduate course in Baby and Family Sciences is included. It is an annual course with eleven modules, taking place two days each month, with a total of 140 contact hours. In between course modules, participants complete reflective work as part a continuous assessment, with the intention of promoting their use of research, best practice and evidence, in articulation with concrete professional contexts, and with themselves as persons. Based on the course’s fundamental contents and processes, the aim is to generate new awareness with potential to transform practice. In the end of the course, participants are requested to propose an action-research project based on a specific content, or cluster of contents, particularly relevant to their work context.

A comprehensive content analysis of the monthly reflective practice and final projects of 37 training participants, most of them working in health and education areas, was completed – approximately 350 reflective practices texts were analyzed, coded and categorized. Results show that principles and assumptions of the Touchpoints Model were recurrently present, with insight into personal thoughts and dilemmas; a progressive perception of the coherence between the courses contents and its relevance to practice is also present, with renewed observations and analysis of professional contexts. Final projects reveal the desire to transform practice, describing concrete proposals on how to do so. The Touchpoints principle of ‘recognizing what you bring to the interaction’ and the reflective thinking it triggers, seems fundamental to enhance practice towards our mission of promoting a new clinical intervention paradigm inspired in a Relational Model.

Pre and post natal touchpoint intervention and its consequences in mother-infant relationship: a case study discussion

Leitão, L.¹, Justo, J.²

¹ Departamento de Psicologia, Universidade Lusófona, Lisboa, Portugal; ² Faculdade de Psicologia, Universidade de Lisboa, Lisboa, Portugal

Touchpoints interventions started with Brazelton's post-natal demonstrations using NBAS. Recently, pre-natal touchpoints interventions were proposed for the end of pregnancy. Our aim is to use pre and postnatal touchpoints interventions as a sequence. After Informed Consent, pregnant women at the end of the third trimester are interviewed about different issues: psychological experience during pregnancy; expectation about labour, birth and the baby; expectations about caring, nurturing and interactions; baby as an active and communicative participant. After birth, the same women fill the Mother and Baby Scales (MABS). After that, they observe NBAS demonstration, participating and dialoguing with the touchpoints practitioner. By the third post-natal month, a home visit is carried out. The mother fills the Parental Investment in the Child Scale (PICS) form and the Maternal Post-Natal Attachment Scale (MPAS). Following, a 3 minutes video of mother-infant interaction is performed according to the Care-Index methodology.

Case description: mother, 32 years of age, 16 years of education, living out of wedlock with the baby's father for eight years. Baby born by vaginal delivery, with Apgar 10 and 3950g. The mother easily built a good quality alliance with the Touchpoints practitioner. During NBAS observation mother's participation was extremely interested and positive. In the Care-Index observation the mother's communication is predominantly positive and sensitive. At the MABS the mother's image is one of self-confidence in caring and the baby's image is one of alertness and responsiveness. In the PICS and the MPAS the mother's description points to very good levels of relationship with the baby.

12:15 – 13:15 Poster Session

Poster Session 1: Advocacy and infant mental health policy

P01 A systems change model that creates a future of better outcomes for all vulnerable young children

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¹ Office for Community Child Health, Connecticut Children's Medical Center, Hartford, United States; ² Early Childhood & Family Development Programs, The Village for Families & Children, Hartford, United States; ³ Consultant for Planning and Development, The Village for Families & Children, Hartford, United States

Introduction: The extraordinary influence of the early years has profound implications for promoting vulnerable children's healthy development and learning. An early childhood system that embraces the goal of promoting children's optimal healthy development, instead of merely diagnosing or treating disease, is necessary to ensure that vulnerable young children do not elude early detection and receive services before behavioral and developmental concerns worsen.

Purpose: *Help Me Grow (HMG)* promotes the early detection of vulnerable children at risk of adverse developmental and behavioral outcomes and the successful linkage of such children and their families to community-based programs and services. The *HMG National Center (HMG NC)* supports replication of the *HMG* model throughout the U.S. and employs collective impact to increase cross-sector collaboration among early care and education, child health, family support, and other sectors.

Description: Leveraging the experience of more than 23 states has enabled the identification of evidence-informed innovations to address critical barriers to young children's optimal

development. Examples include 1) a “central utility, shared resource” model of care coordination that increases the efficiency of care coordination systems by facilitating communication across sectors, and 2) Mid-Level Developmental Assessment, a new model of assessment that identifies vulnerable young children at developmental risk and promotes timely connection to community-based promotion services. What we’ve learned can be replicated in other countries in building resilience among vulnerable children and families.

Conclusion: Through diffusion of these two innovations, HMG NC has an opportunity to close system gaps that threaten children’s optimal healthy development. Replication of these innovations will increase resilience by linking vulnerable young children and families to less costly assessments and community-based programs. Pilot implementation of a care coordination model and Mid-Level Developmental Assessment has been shown to significantly enhance capacity to meet the developmental and behavioral health needs of vulnerable children.

P02 Working past conflict and adversity to resilience—Agency-level case study of early intervention in a rapidly changing world

Treptow, R. L.^{1, 2}

¹ *Pediatric Peace Psychology, Wisdom for the Body and for the Soul, Great Falls, United States;*

² *Educational Leadership for Change, Fielding Graduate University, Santa Barbara, United States*

Introduction: What does it look like to work from the ground up in early intervention today? This workshop offers a compelling psychological look at the direct service world in a highly developed industrialized nation. Adapting Daniel Stern’s from-the-inside-out perspective and Shore’s (2012) modern attachment theory, the psychologist-presenter draws upon her brief employ as an early intervention home visitor to scrutinize the field.

Aims or purpose of the project or work described: This work is a *post hoc* reflection upon *in vivo* struggles in today’s early intervention milieu; past experience is used to lay groundwork for coordinated top-down and bottom-up systemic changes. Its purpose is to draw attention to how unmonitored chaos in an early intervention environment damages both staff morale and workers’ abilities to foster optimal outcomes. Hired as entry-level staff, the presenter’s hands-on experiences are supplemented by co-workers’ recollections and training protocols. The reflective work was supported by her concurrent studies in infant and early childhood development.

Description of the work or projects: This workshop reviews the presenter’s personal experience of direct service work in an early intervention service (EIS) agency per Part C IDEA Federal law in a North American locale. Pulling diverse examples of protracted on-the-job disarray, the presenter first analyzes how troubling training parameters, policy execution, and relationship dynamics gravely impact staff and families. Next, she juxtaposes incidents of (disrupted) “parallel process” (see Heffron and Murch, 2010; Heller and Gilkerson, 2010) with strategies to shape flexible yet reliable structure, teamwork across all levels, and neurologically-rooted reflective practice.

Conclusions: This reflective proposition submits that agencies can augment individual workers’ cognitive, affective, and behavioral flexibility erstwhile meeting (or exceeding) Federal mandates or state procedures. Practical application for agencies serving infants and toddlers with developmental delay is discussed; particular attention is given to the remediation effects of reflective practice.

P03 Sisyphus and Infant mental health policy-compare and contrast

Clinton, J. M.

Psychiatry and Behavioural Neuroscience, McMaster University, Hamilton, Canada

Aim: This workshop will describe a policy framework for Ontario Canada, a large province with 140,000 infants born yearly.

Description: A policy brief was written "Supporting Ontario's youngest minds" for the Centre of Excellence on children's mental health. But implementation is the key, and the challenge. The paper described a required framework from health promotion to intensive intervention. It addresses the need for a competency based work force and the need for intergovernmental collaboration. Key to policy development is the engagement of parents and caregivers. The paper http://www.excellenceforchildand youth.ca/sites/default/files/policy_early_years.pdf has been downloaded more than 4,500 times in less than a year, showing that there is intense interest in the subject but policy action has been slow to develop.

Conclusion: The paper will be discussed and strategies and accomplishments to date will be described.

P04 To Retrieve a Hopeful Future for the Children and Parents of Fukushima: a perspective of an aid program in the aftermath of the Great East Japan Earthquake and atomic plant disaster.

Narui, K¹, Oomori, K¹, Tomimori, T¹, Ono, S¹, Nagano, M¹, Hoshi, R¹, Sakuma, K¹, Watanabe, H²

¹ *Department of Clinical Psychology, Association to create the future of Heartful Heart, Koriyama, Japan;* ² *Department of Clinical Psychiatry, Watanabe Clinic, Yokohama, Japan*

Introduction: The Great East Japan Earthquake of 11 March 2011 caused the No. 1 Atomic Reactor accident, which forced 160 thousand people of Fukushima Prefecture to evacuate in the throes of radiation contamination. The parents struggled to protect their children, who endured stressful indoor life deprived of outdoor activities. We provided an aid program to childrearing evacuees named "Parent-Child Play and Parent Meeting" sponsored by the foundation, Japan Committee for UNICEF. The program was created by collaboration of community nurses, clinical psychologists and daycare nursery teachers and was aimed to reach the low-rate radiation contamination areas. It consists of three parts: a parent-child interactive play led by nursery teachers, a peer conversation time for mothers led by clinical psychologists and third, a whole assembly led by health visitors.

Method: The past 5 years of the activity will be reviewed.

Result: From 1 June 2011 to 31 December 2014, a total of 547 sessions were conducted in 46 venues in 26 villages, towns and cities in Fukushima Prefecture. Over 5,000 parent-child units participated, which meant 14,110 participants with 7,798 adults and 6,312 infants/ young children. 3,559 staff supported the intervention, including 1,164 clinical psychologists, 1,395 nursery teachers and more than 1,000 health visitors. The combination of introductory interactive play, followed by a space of honest talks for mothers and assembly at the end, blended well to enhance a sense of fun and belonging which facilitated and improve parent-infant/child relationships.

Discussion: As the predicaments of the evacuee families in Fukushima will linger on, our future aim will focus more on cultivating a stronger sense of initiative in the next generations.

P05 Nation-wide screening and surveillance system for infant mental health and beyond

Shin, Y.^{1,2}

¹ *Psychiatry, Yonsei University, Seoul, South Korea;* ² *The National Assembly of the Republic of Korea, Seoul, South Korea*

Objectives: The objective of this symposium is to review the process of development of screening and surveillance system of infant mental health problems in Korea and to discuss how to transform the products of research into policy.

Methods and Results: (1) The first presentation topic is Screening autism spectrum disorder (ASD) in community and process of confirmation diagnosis (Heejeong Yoo/Seoul National University Bundang Hospital). It will present the process of development of screening instrument of ASD and its cultural implications. It will discuss how to adjust the form and contents of the screening instruments to cultural context. (2) The second presentation is Surveillance system for infant use of smart devices in community (Kyung Sook Lee/ Hanshin University). It deals with current status of infant use of smart devices, including smartphones, related risk and protective factors for overuse and proposal for preventions and activities for potential negative outcomes from overuse and non-supervised use, both in clinical and public context. (3) The third presentation will be devoted to the Result of COCOA cohort study for infants with atopy/asthma and its implication for mental health issues (Hyoung Yoon Chang/Ajou University Hospital). It will present the parenting and mental health issues associated with the atopy/asthma in infants and propose an issue about needs for mental health screening for infants with chronic medical condition.

P06 Assessing Infant Mental Health Care Knowledge, Attitudes and Practices Among Health Service Providers in a Sample of Primary Health Care Centers in Ismailia, Egypt Ibrahim, O.

Department of Neuropsychiatry, Child Psychiatry Clinic, Faculty of Medicine, Suez Canal University, Ismailia, Egypt

Introduction: Latest report of the WHO in 2014 regarding the demographics in Egypt stated the 13 % of Egypt's population are below 5. There are ongoing efforts to provide child health care especially through primary health care units but still, despite the recently acknowledged immense importance of mental health of young children and infants, it is still not disseminated among primary health care providers, which constitutes a great loss to the quality of the health care provided, as "there is no child health without child mental health."

Aim: To explore the knowledge, attitude and practice of health care providers in Ismailia, regarding infant mental health.

Methods: a descriptive cross-sectional survey study, among health care providers in primary health care centers in Ismailia Governorate during the period from June to August 2015. The studied population included 100 general practitioner and family physicians in randomly selected primary health care units. The numbers recruited from different areas were based upon their proportionate numbers: Ismailia city (65%) and 35% in suburbs. The self-administered questionnaire was developed based on KAP (Knowledge, Attitude and Practice) study guidelines and delivered to participants personally by the researcher.

Results: Knowledge of Infant Mental Health was generally poor, among both urban and rural health care providers. More than half of the family physicians recommended training to improve their knowledge and awareness of infant mental health and its provision among primary health care services.

Conclusion: Development of a coordinated system of care that offers sustainable mental health knowledge to health care providers in primary health care centers and consequently services from promotion to prevention and also proper intervention, would comprise a step towards increasing efficiency and utilization of primary health care services.

Poster Session 2: Antenatal and perinatal practices

P07 The influence of preferred relaxation music and presence of a significant other on the anxiety of pregnant women during delivery in Indonesia

Natalia, J.

Faculty of Psychology, University of Surabaya, Surabaya, Indonesia

P08 Factors associated with breastfeeding initiation rates: A comparison between two countries

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Introduction: Breastfeeding is a universal phenomenon affecting multiple domains of healthy infant development. The physiological, emotional, mental health, and economic benefits at the individual, family and societal level make support for breastfeeding advantageous. However, even within developed countries, breastfeeding initiation has fallen short.

Aim: To investigate possible common determinants implicated in breastfeeding rates in two French-speaking cohorts.

Methods: Participants included ~ 4,000 mothers enrolled in two longitudinal cohort studies in France and Canada. Interviews, questionnaires, and medical records were utilised to collect information on maternal, family, and medical factors. Data were harmonised across cohorts to facilitate comparisons.

Results: Breastfeeding initiation rates were similar across cohorts, slightly above 70%. Further, women with higher levels of maternal education, who were born outside of their respective countries and who did not smoke during pregnancy were more likely to initiate breastfeeding with the cohort infant. This finding was uniform across cohorts. Statistically significant differences concerning determinants of breastfeeding initiation between cohorts were also found. Younger mothers in Quebec who were single, delivered by cesarean section and for whom this was their first child had reduced odds of breastfeeding initiation, however this was not the case for mothers in France.

Conclusion: While similar determinants are observed, programming efforts to increase breastfeeding initiation should be tailored to the characteristics of specific geographical regions which may be heavily impacted by the social, cultural and political climate of the region.

P09 Predictors of perinatal depression and anxiety in immigrant women

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Introduction: The affective and cognitive development of the child is highly dependent on maternal psychological well-being during the perinatal period. Immigrant women are at increased risk for perinatal depression and anxiety. Therefore, the early detection of psychological difficulties in immigrant mothers represents a major public health issue.

Aims of the study: The aims of the present longitudinal study were to: 1) compare the anxiety and depression rates during the perinatal period in immigrant and native women; 2) identify psychosocial risk factors associated to anxiety and depression, specific and non-specific to immigration; 3) access the moderating role of acculturation in the development of anxiety and depression. The sample included 60 pregnant women recruited in Geneva and neighboring France.

Material and methods: Participants were recruited through flyers at gynecologists' offices and prenatal birth preparation classes. Anxiety symptoms and depressive symptoms were measured during the third trimester of pregnancy and during the first three months after birth, using the State-Trait Anxiety Inventory (STAI) and the Edinburgh Postnatal Depression Scale (EPDS).

Results: The data analysis aimed to explore the migration-specific risk factors and underlying mechanisms, and to understand the relationship between the level of acculturation and perinatal depression and anxiety.

Conclusion: The study stresses the importance of early detection and prevention of anxiety and depression in immigrant mothers.

P10 Working with traumatised parents to build resilience in their infants and children

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Preparing for the arrival of a baby is a valuable opportunity for intervention, to think about a mother's internal representations of her own childhood and environmental circumstances that may influence her ability to provide consistently good-enough care (Fallon & Brabender 2012). Attachment-based interventions also have the potential to enhance marital and other family relationships. The Adult Attachment Interview (George, Kaplan & Main 1985) has been established as an important tool for both research and clinical application (Steele & Steele, 2008). When working with expectant or new parents, clinicians tend to feel they must do so quickly before maladaptive strategies are embedded in the next generation. Inclusion of the AAI in the therapy expedites progress by helping to: (i) establish the therapeutic alliance (a secure base), (ii) encourage parents to reflect on their own experiences of being parented, and (iii) reveal traumatic experiences, including losses, and the responses to them that are adversely affecting current relationships. Case presentations will be used to highlight clinical use of the AAI with parents referred to our secondary level perinatal and infant mental health service, in Sydney, Australia. This workshop will allow for discussion and clinical thoughts around the use of this valuable tool at a valuable window of opportunity for intervention.

P11 Wondering from the womb: Antenatal yarning from bub's perspective

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Introduction: Strengthening antenatal health within Aboriginal families occurs not only through modern health promotion and clinical care, but with the inclusion of yarning opportunities. Yarning is a complex interpersonal process, traditionally used by the first people of Australia to share wisdom and history across generations. It is also an important methodology for quality review

within Aboriginal communities. A powerful addition to such experiences however, is the presence of the unborn child. Listening to the wonders and curiosities from inside the womb, via the voice of the baby, can shape how expecting family members hear and 'get to know' their baby as part of healthy antenatal behaviour.

Aims: The aim of this work was to improve awareness of antenatal health and wellbeing and to share deeper conversations with mums and their support systems about their hopes and fears for their unborn babies. The creation of a resource that could be used within yarning circles or in 1:1 conversations that was both complimentary to clinical health and cultural safety was prioritised, with the voice of baby being included to provide for increased bonding potential and support reflective processes.

Description: Via several months of participatory action research, a resource compiling various 'wonders from the womb' was created. Interviews with mothers, Elders and health professionals provided information for the scripts, each written from baby's perspective. These were shared with pregnant women and their supports, with their feedback and reflections thematically identified and incorporated into ongoing evaluation processes.

Conclusions: A resource for antenatal education was created and continues to be used and reviewed with women and families across MDAS. Reports of increased awareness around self-care and foetal development have been recorded and families accessing MDAS report both more connection to their babies as well as to the service staff from MDAS who provide the support.

P12 The influences of Korean women's prepartum anxiety and depression, parenting stress and marital satisfaction after giving birth on postpartum depression

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Introduction: The postpartum depression rate has increased 70 percent since 2010 in South Korea. However, there has been little research to figure out the specific causes.

Aims of the study: The purpose of this study was to examine how prepartum anxiety and depression at 36 weeks of pregnancy and parenting stress and marital satisfaction of Korean women after giving birth would influence their postpartum depression at 6 months after giving birth.

Material and Methods: The subjects were 387 women in their third trimester of pregnancy recruited from 4 different hospitals located in Seoul, Korea. Their average age was 32, 64.5% had an occupation during pregnancy, 88% were four-year college graduates or beyond. The prepartum anxiety was measured using STAI, and the levels of prepartum and postpartum depression were collected through CES-D 10. Korean-Parenting Stress Index and Korean-Marital Satisfaction Inventory were used for measuring parenting stress and marital satisfaction at 6 month after giving birth.

Results: The findings were as follows. The hierarchical regression revealed that prepartum anxiety ($\beta = .36, p < .01$) and prepartum depression ($\beta = .50, p < .001$), parenting stress ($\beta = .34, p < .001$) and marital satisfaction ($\beta = .37, p < .001$) of Korean women affected their postpartum depression. In total, 47% of the variance in Korean women's postpartum depression at 6 months after giving birth was accounted for by their prepartum anxiety and depression at 36 weeks of pregnancy, parenting stress and marital satisfaction. Among the related variables, the level of prepartum depression was the most influential on postpartum depression.

Conclusion: This result implies that it would be urgent to consider a countermeasure to reduce Korean women's prepartum depression to prevent postpartum depression.

P13 Infant massage improve baby - mother relationship

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The first year of motherhood involves growth and adaptation in women's lives. Several transformations occur at many levels, so that mother and baby learn to know each other and fit together. The relationship is, therefore, dependent on mother, baby and the environment in which they interact. Infant massage is an important approach that contributes to a more peaceful relationship. Massage has psychological and physiological benefits for baby and mother. Subjects were 194 dyads divided into two groups: Group 1 (Experimental group) - mothers that conducted infant massage and Group 2 (Control group) - mothers did not routinely offer infant massage. The parameters were: attitudes concerning motherhood (CAQ-P), experience associated to motherhood (WBPB), parental satisfaction (PSS), maternal separation anxiety (MSAS) and temperament of the baby through the ICQ. The average age of mothers in group 1 was 31.3 years, the educational level M = 15.4, 91.3% of mothers were married or had a stable relationship, 91.3% had only one child. In group 2 the average age of mothers was of 31.7 years, the educational level of mothers M = 15.3, 90.7% of mothers were married or had a stable relationship, 76.3% had only one child. Mothers in the massage group had greater success in adapting to motherhood, had greater confidence in their abilities and had more support than mothers in the control group. Mothers of the experimental group were more supported and therefore more confident in their skills. They had a better relation with their babies and rated it more positive than mothers in the control group. This study suggests that mothers who learned how to perform the massage had more positive attitudes towards motherhood. This increased the level of knowledge, regulation and proximity in the dyad. These meetings can help mothers developing strategies that enable them to better cope with motherhood.

P14 Mellow Dads-To-Be: Preparing for fatherhood in an attachment-based parenting programme

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There is a growing body of research highlighting the importance of maternal mental health and the maternal bond with the baby during pregnancy. As a result there are a number of specialist services available to support the expectant mother. There is also an increasing focus on the role of the father post-birth, with positive father involvement leading to improved child outcomes and reduced likelihood of maternal PND. However there is very little support available for expectant fathers. Pregnancy is still predominantly seen as affecting the mother-to-be only.

Mellow Dads-to-be was developed as a way to fill this gap in support services. It is based on the same principles as Mellow Bumps, the antenatal programme for mums-to-be, and is underpinned by attachment and social learning theories. The programme supports dads-to-be to establish a positive bond with the baby from before birth. It explores what his role might be as a father, provides peer support and looks at myths of fatherhood. Basic baby development is also included, with an emphasis on the baby's readiness for communication from birth. The programme also highlights the need to reduce maternal stress and anxiety during pregnancy, based on the potential adverse effects of maternal stress on the baby.

The programme is currently being piloted and evaluated in 5 sites across Scotland and is expected to support 25-30 dads-to-be. Using pre- and post-group measures (Adult Wellbeing Scale), and feedback from participants and group facilitators, the evaluation will capture changes in paternal mental health and wellbeing, confidence in becoming a father and in accessing further services as well as the perceived relevance and usefulness of topics covered within the programme. Preliminary results are positive; full results will be disseminated during the poster presentation.

P15 A comparison of outcomes between the solihull approach relationship-focused universal antenatal parents group and traditional parentcraft groups

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Introduction: Due to the importance of the parent-infant relationship, focus has turned to the factors which can shape it and the clinical interventions which can enhance it. At a universal level, antenatal parent classes offer an ideal public health opportunity to enhance these relational skills in parents. In the UK parents-to-be are usually offered a two session NHS antenatal group with a focus almost exclusively on the practical issues around labour and birth. Little if any attention is given to the developing relationship between parent and child or the importance of the postnatal relationship.

Aims: The present study sought to compare outcomes from a traditional 2 session antenatal group with outcomes from the 5 session Journey to Parenthood Solihull Approach Group. A range of measurement tools were used to measure factors either known to have an influence on the parent child-relationship, theoretically predicted to have an influence or known to strongly impact the child's wellbeing directly.

Method: Pre and post measures were collected from parents attending a routine two session parent craft group run by community midwives. The same measures were also collected from parents attending the 5 session Solihull Approach Parenting Group run by community midwives in a different geographical location.

Results and Conclusions: The data is currently being analysed however an earlier pilot study suggests that the Solihull Approach Antenatal Parenting Group has a positive impact on areas including maternal/paternal antenatal attachment, intention to breastfeed. It also led to a significant reduction in pregnancy related anxiety.

P16 Difficulties experienced by midwives in caring for women with perinatal mental disorders

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Introduction: The rights of mentally handicapped people were restored with the revision of the maternal protection law in Japan (1996). Therefore, the number of expectant mothers with mental disorders is expected to increase in the future. However, midwives, who are experts in maternity care, have not been educated about practical care for perinatal mental health disorders. These midwives may be expected to provide care for expectant mothers with mental disorders.

Aims of the study: This study aimed to elucidate the difficulties experienced by midwives in caring for women with perinatal mental health disorders.

Methods: Semi-structured interviews were conducted with four midwives with experience caring for women with perinatal mental disorders. Interview data were analyzed qualitatively and subjected to descriptive analysis.

Results: The difficulty experienced by the midwives in caring for women with perinatal mental disorders was referred to as “work beyond the scope of midwifery” and comprised three categories: “lack of knowledge regarding pregnancy in cases of mental disorder, including the relationship between medication and psychiatric symptoms and triggers of acting out;” “time-consuming nature, involving going around in a circle due to miscommunication, unhelpful standard of care, lack of useful guidance, unintelligible conversation, and increasing need for coordination for a cooperative community nurse and “emotional involvement, such as becoming exhausted by listening to talk about negative things, bewilderment by sudden changes in willingness, and unrequited care.”

Conclusions: The midwives considered “work beyond the scope of midwifery” to be a difficulty in caring for women with perinatal mental disorders. However, midwives are very important professionals in early parenthood. It is important to develop special training for midwives in such topics as medication and psychiatric symptoms, self-control, and conversational techniques with difficult pregnant women.

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P17 The development of the maternal looking guide

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Aims of the Study: This paper outlines PhD research that explored how mothers' look at their newborn babies and whether this could be categorised perinatally. A primary goal was the early identification of difficulty in the mother–infant relationship. A secondary aim of the research was the engagement of midwives in infant mental health

Material and Methods: Research occurred over 2 studies. In Study One, 15 videotapes were made of mothers with their newborns within 48 hours of birth. These videos and responses to a brief semi-structured interview were analysed to identify key characteristics of looking. Using an iterative process, behavioural descriptions were developed under three broad classifications. This yielded a one-page typology of looking – the Maternal Looking Guide. In Study Two a further 12 tapes were created for inter-rater reliability coding by midwives and a training package was developed. Twenty-five midwives were recruited and trained in the use of the Maternal Looking Guide. The midwives then coded the new tapes using the Maternal Looking Guide.

Results: The intraclass correlation coefficient was used to approximate the Kappa statistic in accordance with Fleiss and Cohen (1973). Based on Fleiss's (1981) guidelines for Kappa, the inter-rater agreement was in the middle to upper end of the fair to good range (0.40 - 0.75). This demonstrates that midwives can use the guide with moderate reliability.

Conclusions: This pilot study highlights the possibility of using maternal looking to reliably identify mothers who may benefit from extra assistance perinatally. Midwives are in a prime position to use the maternal looking guide and provide early intervention where indicated. Interested midwives received additional training in the use of the Newborn Behaviour Observation System (NBO).

P18 Prenatal representations and their concordance with postnatal relationships: a review

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Introduction: Bowlby's (1982) theory explaining the child-parent relationship has influenced many areas of research. While Bowlby initially described attachment as the 'child's tie to his or her mother,' the theory has been expanded to include romantic, global, and parenting relationships (e.g., Fraley, Waller, & Brennan, 2000; George, Kaplan, & Main, 1996). The theory has also extended to parent-foetal relationships, primarily in the nursing literature, exploring relations between parent's thoughts and feelings about their foetus and later parent-child relationship quality.

Aims of the Study: To present an integrated review of the literature to date that has measured the prenatal parent-foetal relationship and additionally measured child-parent relationships after birth. This study seeks to address the question: What can the prenatal parent-foetal relationship tell us about the postnatal parent-child relationship? This adds to the existing body of knowledge by helping to understand how parental-foetal representations impact relevant outcome variables.

Methods: Computerized databases were searched for relevant key phrases including the words: prenatal attachment, antenatal attachment, maternal-fetal attachment, postnatal, attachment, caregiving, and bonding.

Results: The search revealed two distinct categories—studies which utilize traditional Bowlbian measures of attachment during pregnancy and those which are more commonly explained as parental—foetal attachment. One study utilised measures from both categories. This study found that there was not a relationship between parental-foetal attachment and a traditional measure of attachment.

Conclusions: This review provides a cohesive picture of the literature on how prenatal representations of relationships can influence the child-parent relationship quality after birth. Research in the future should be examining both categories of attachment, in order to better understand the relationship between these two constructs. This area of research can continue to help researchers and clinicians understand which psychological processes during pregnancy are most important for the postnatal relationship to inform prenatal education and intervention.

P19 Parental representations and romantic couple adjustment in first time mothers and fathers: a pilot study

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Introduction: Several studies showed that maternal and paternal representations during pregnancy are relevant to the quality of early parent-child interaction and the child's wellbeing (Tambelli, Odorisio, Vismara, 2014; Dayton et al., 2010, Cohen, Slade, 2000); however, it is important to evaluate such effects within a multifactorial framework (Sameroff, Fiese, 2000). Among the involved variables, a low couple adjustment in the perinatal period increases the risk to develop both depressive (Milgrom et al., 2008; Boyce, Hickey, 2005) and anxiety symptoms (Whishman et al., 2011), whereas a reported good romantic relationship has a protective role for father-child relationship (Engle, McElwain, 2013).

Aims of the study: Within such perspective, the present work aimed to evaluate the association between parental representations during pregnancy and the perception of couple adjustment on behalf of both partners.

Material and Methods: The Parental Representation Interview during Pregnancy (IRMAG/IRPAG; Ammaniti et al., 1995; 2013) and the Dyadic Adjustment Scale (Spanier, 1979) were administered during the seventh month of pregnancy to 40 first time mothers (mean age= 34.4 , SD= 4.7) and fathers (mean age= 38, SD= 5.4) belonging to a larger sample of a prevention and promotion intervention program in the field of transition to parenthood supported by grants from PRIN 2013/2016 - 20107JZAF4, Italian Ministry for Education, University and Research (MIUR).

Results: Statistical analyses showed that mothers and fathers who have an unbalanced and not integrated parental representation perceive their romantic relationship as less cohesive ($p<0.05$), increasing their vulnerability to contribute to a risky developmental environment for their child.

Conclusions: In order to improve the efficacy of early intervention to enhance the child's development, both cumulative and specific risk models need to be considered; among the specific variables, parental representations seem to be particularly important to promote child and family health.

P20 Multidisciplinary mental health support for parent-infant in NICU I . Recent status of NICU follow-up system in Kyushu University Hospital, Japan

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Mental health problems among children and adolescents are a matter of social concern in Japan, and preventive intervention starting from perinatal period have been highly recommended. In Kyushu University Hospital, the child psychiatry team has been collaborating with whole sections and departments related with maternal infant health to provide a more integrated clinical service for well-being of child rearing families. We focus on not only children but also on parents, so that we can assess and support them as a family unit. From 2010, we started clinical liaison service between major departments; child psychiatry, neonatology, child neurology and obstetrics. As a family support team, multidisciplinary staffs including psychologists and midwives have been carrying out regular meetings for case conferences and other studies. Major clinical issues are maternal psychiatric problem in perinatal period, mother-infant relationship problems and early identification of a risk case of neurodevelopmental disorders (eg. Pervasive Developmental Disorders and Attention Deficit and Hyperactive Disorders).

Babies admitted to Neonatal Intensive Care Unit (NICU) get separated from their mothers almost immediately after birth in Japan. Needs for mental support for babies and the families in NICU are well known and many clinical psychologists are working with the babies and the families in NICU worldwide. However, even after discharge, parents may have worries and trouble raising their children. Forming a secure relationship between the baby and the mother is crucial for the development of body and mind. A systematic supporting care from early pregnancy to childhood is needed for mental health of children and the families. We will describe the process of developing system in detail and propose preventive intervention program.

P21 Integrated parent-infant consultations in "Together – Pre-, Peri-, and Postnatal Mental Disorders Prevention and Treatment Programme" in Hungary

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Introduction: The first Hungarian mother and baby unit where mentally ill mothers and their babies were treated together was established in 2004. The programme was initiated in Budapest, in cooperation with the National Institute of Child Health, the Department of Psychiatry and Psychiatric Rehabilitation and the Department of Paediatrics of Saint John Hospital. In the programme methodology the leaders built on experiences of many years at the Heppenheim Mother and Baby Unit in Germany (led by Hans Peter Hartmann, Director-General) and previous psychiatry, psychotherapy and child care practice in Hungary.

Aims of the work described: In the programme, mothers can choose to participate in parent-infant consultations or psychotherapy in addition to a variety of psychotherapy and pharmacotherapy treatments, which provides opportunities to support the evolving early mother-child relationship and healthy development of the child during this unique period.

Description of the work: On the basis of family-focused practice, an interdisciplinary team work began between the staff of the psychiatric and the paediatric departments. Case reports where parent-infant consultations have been used were regularly presented at supervisions. Besides treating the psychiatric disorders of mothers - like depression, schizophrenia, bipolar affective disorder, borderline personality disorder - the therapeutic focus has been shifted to the relationship between mentally ill mothers and their children. Parent-infant consultation helps the mother flourish in her motherhood and sensitivity, to strengthen the maternal role and self-esteem. It allows psychoeducation for the parents and involvement of the extended family and social environment if necessary.

Conclusions: More than 150 families have participated in the programme so far. Only one child was taken to child care outside the family, which proves the success of our work. Since the programme was founded, the relationship and family process has come into view in the narratives of the participants and the team as well.

P22 Stillbirth as a Formative Experience

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Introduction: The birth of a fetus that is not alive (> 20 weeks of pregnancy; stillbirth) induces severe reactions, similar to those aroused in other situations of bereavement. Previous studies focused mainly on the psychological and physiological impacts of the stillbirth on women, but its possible impact on couple relationships and their future parenting is less known.

Aims of the Study: To examine attachment dimensions, couple intimacy and perceptions regarding future parenthood among women who experienced stillbirth, and a comparison group.

Materials and Methods: Thirty women who experienced a stillbirth, and a matched control group of women who were more than 20 weeks pregnant, completed the attachment questionnaires (ECR; Brennan, Clark, & Shaver, 1998); the Berekeley-Leidan Adult Attachment Questionnaire to

examine unresolved loss (Main, IJzendoorn, & Hesse, 1993); Personal Assessment of Intimacy (Olsen & Schaefer, 1981) to examine couple intimacy; and several instruments assessing women's perceptions regarding their future parenting. To gain a better understanding of coping with the stillbirth experience, 10 mothers were also interviewed.

Results: Women who had experienced stillbirth had higher levels of attachment anxiety and avoidance, and higher levels of unresolved loss compared with the control group. The qualitative analysis revealed that despite the tendency of the women who had experienced stillbirth to distance themselves from their spouses, to express anxiety regarding the next pregnancy, and to perceive themselves as having a “damaged” maternal identity due to the stillbirth, they expressed a desire and yearning for children and described the loss as an event that also made them better women and future mothers.

Conclusion: Even though loss is a traumatic, difficult experience, at times it might strengthen the couple relationships, and contribute to development of a more mature maternal identity.

P23 Mothers' Childbirth Experience: The Role of Attachment Security

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Introduction: Childbirth is a self-defining event in women's lives, and an unresolved traumatic childbirth experience might impair the development of the future mother- baby relationship. Thus, it is important to identify factors that help mothers resolve this experience.

Aims of the study: to examine the associations between attachment security and experience of pain and support during childbirth, as well as the resolution of the birth experience.

Material and Methods: During the third trimester of pregnancy, 33 mothers complete several questionnaires: The Experiences in Close Relationship Scale (Brennan, Clark & Shaver, 1998) to examine attachment anxiety and avoidance; the Pain Catastrophizing Scale (Sullivan & Pivik, 1995); the Enacted Support Questionnaire (Barrera & Baca, 1990); and the Berkeley-Leiden Adult Attachment Questionnaire - BLAAQ-U; Main, van IJzendoorn, Hesse), to examine unresolved mourning or trauma. Three months after childbirth, participants were interviewed to gain in-depth understanding of the perception, processing and memory of childbirth. They also completed the pain and support questionnaires again - this time with regard to their childbirth experience. In addition, they completed the Traumatic Event Scale (Wijma, Soderouist & Wijma, 1997).

Results: Mothers characterized by high levels of anxiety or avoidant attachment tended to have a more traumatic perception of the childbirth experience. The qualitative analysis revealed that more than half of the mothers described the childbirth experience as very difficult, referring to the lack of control and fear of their and their baby's death during labor. They expressed negative feelings regarding the birth and the medical team.

Conclusion: The findings highlight the role of mothers' attachment security in resolution of the childbirth experience, and highlight that variables other than the pain itself (e.g., support), contributed to the perception of childbirth as traumatic.

P24 Pre and post natal touchpoint intervention and its consequences in mother-infant relationship: a study case discussion

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Touchpoints interventions started with Brazelton's post-natal demonstrations using NBAS. Recently, pre-natal touchpoints interventions were proposed for the end of pregnancy. Our aim is to use pre and postnatal touchpoints interventions as a sequence. After Informed Consent, pregnant women at the end of the third trimester are interviewed about different issues: psychological experience during pregnancy; expectation about labour, birth and the baby; expectations about caring, nurturing and interactions; baby as an active and communicative participant. After birth, the same women fill the Mother and Baby Scales (MABS). After that, they observe NBAS demonstration, participating and dialoguing with the Touchpoints practitioner. By the third post-natal month, a home visit is carried out. The mother fills the Parental Investment in the Child Scale (PICS) form and the Maternal Post-Natal Attachment Scale (MPAS). Following, a 3 minutes video of mother-infant interaction is performed according Care-Index methodology. Case description: mother, 32 years of age, 16 years of education, living out of wedlock with the baby's father for eight years. Baby born by vaginal delivery, with Apgar 10 and 3950g. The mother easily built a good quality alliance with the Touchpoints practitioner. During NBAS observation mother's participation is extremely interested and positive. In Care-Index observation the mother's communication is predominantly positive and sensitive. At the MABS the mother's image is one of self-confidence in caring and the baby's image is one of alertness and responsiveness. In the PICS and the MPAS the mother's description points to very good levels of relationship with the baby.

P25 Life courses of women after a miscarriage: psychological distress, bifurcations, and reorganization

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Introduction: It is estimated that 20% of pregnancies end in a miscarriage within the first 20 weeks of pregnancy. In Québec, a francophone province of Canada, this represents 21,000 pregnancies each year. We know that, after a miscarriage, women experience a range of emotions in the short term. Some authors have also investigated women's experiences of a later pregnancy. We know less about the effects such an event has on women's life trajectories; likewise, it would be helpful to know how health professionals can care for these women over time.

Aims: Identify the ways in which women perceive that miscarriage has influenced their life trajectory.

Material and Methods: Semi-structured individual interviews were conducted with 46 women, from six months to two years after a miscarriage. Analysis of the qualitative results followed a life course approach (Elder et al., 2004; Sapin et al., 2007; Lalive d'Épinay et al., 2005). An overview of participants' mental health was developed using questionnaires measuring depression, anxiety, PTSD, and bereavement.

Results: Miscarriages affect women's mental health. As the event interrupts an expected trajectory, women report bifurcations in their life course. They reorganize, by trying to become pregnant again quickly; by taking time to mourn; by reorienting their careers or else by choosing to return to or to interrupt schooling. A minority choose to separate from their spouses, while the majority report that the miscarriage experience brings them closer to their spouse. The course of a subsequent pregnancy is also altered, as is the experience of motherhood.

Conclusions: We will discuss how these results can guide antenatal and perinatal practices geared toward women and their spouses, to help them in their different life trajectories.

P26 Imaginary baby during pregnancy and maternal and paternal postpartum depression and infantile regulation: A follow-up study

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Introduction: As pregnancy period progresses -even earlier when the idea of having a baby emerges- in the minds of candidate parents, fantasies, dreams, concerns, ideals about the baby begin.

Aims of the study: We aimed to investigate the possible association between maternal (n:245) and paternal (n:150) baby representations, anxiety and attachment pattern in prenatal period (26-34th week of pregnancy) and depression and infant self-regulation problems postnatally (4-24th weeks postpartum).

Materials and Methods: The baby representations were assessed with an instrument ("representational baby expectation form" [RBEF]) developed by the authors. The instrument revealed four subscores including "positive expectations", "negative expectations", "clear expectations", and "dysorganized expectations". In the *first step* the candidate mothers and fathers completed State and Trait Anxiety Inventory (STAI), Edinburgh Postnatal Depression Inventory (EPDI), Brief Symptom Inventory (BSI), Adult Attachment Scale (AAS), and RBEF. In the *second step*, parental depression instruments and infantile regulation assessments were applied.

Results: The RBEF negative expectation scores were positively correlated with prenatal depression, anxiety, somatic problems, and insecure attachment scores and postnatal depression scores of the mother (all measures $p < 0.001$) and all KSE scores of fathers. In addition, mothers of the children with sleep problems and/or colic reported higher prenatal negative expectation scores. The mothers of children with sleep problems ($p < 0.001$) had previously higher negative expectation scores in RBEF.

Conclusion: These results reveal that two months before the childbirth, higher scores of negative expectations in terms of baby representations may indicate a higher risk of postpartum depression and infantile self-regulation problems. Therefore, prenatal counselling about baby representations and therapeutic interventions for depression, anxiety and attachment problems may be helpful in terms of perinatal parental and infantile adaptation process.

P27 « Attachment and pregnancy denial», a french prospective multicentre case-control study.

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Introduction: The prevalence of pregnancy denial, which is certainly under-estimated, represents 2 or 3 births over 1000, and stays a mystery. The pregnancy's non-recognition can question the mother's psychological functioning, the quality of the future mother-infant interactions and also the development of the child, as well as his pattern of attachment. Our clinical encounters with the mothers bring us to put forward the hypotheses of a link between the pattern of the mother's attachment and the symptom of pregnancy denial.

Objectives: The main objectives of this study were to research the impact of the denial of pregnancy on the pattern of attachment of the child, on the interactions of the dyads and on the early development of the infant with a 20-month follow-up. The secondary objectives were to look for the risk factors associated with pregnancy denial, including the type of attachment, the existence of a personality disorder and/or a psychiatric pathology in the mothers.

Methodology: This research is a prospective multicentre case-control study in 11 centres in France. Inclusions started in 2013, and still go on. The follow-up of the 65 cases and the 65 controls over 20 months will be identical and carried out according to the following processes: 6 assessments with maternal evaluation (BDI, STAI, QSSP, EPDS), evaluation of mother – infant interactions (CIB), and evaluation of the infant (CIB, QT6, Denver scale, ADBB, “Strange Situation.”

Conclusions: This study aims to examine the pathogenesis of pregnancy denial as well as its potential consequences on the dyad. We hope that this study will help to define pregnancy denial more precisely and thus, improve the care for mother-infant dyads.

P28 Prenatal depression and anxiety: Do they last? If so what are the consequences for infants after two years from birth?

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Introduction: Effects of prenatal depression and anxiety on development and emotional well being in infancy and early childhood are less known compared to postpartum depression and anxiety.

Aim: This cohort study assesses the course of prenatal depression and anxiety, their effects on parental attitudes, development and social-emotional well being during infancy and early childhood.

Subjects and Method: Participants are 142 mothers and their infants aged between 21-31 months (mean±SD=25.6±2.32 months). Along with sociodemographic data form, the Beck Depression Inventory, Beck Anxiety Inventory, and Parental Attitude Research Instrument (PARI) were applied to mothers whose prenatal depression and anxiety at 28-40 week gestation have been assessed. Brief Infant and Toddler Social Emotional Assessment (BITSEA) and Ankara Development Screening Inventory (AGTE) were applied to the participating children.

Results: Mothers had significantly higher depression scores (mean±SD=10.97±5.87) compared to prenatal depression scores (mean±SD=8.85±4.49) ($p=0.003$). Prenatal and current depression scores were significantly positively correlated ($p=0.005$, $r=0.303$). Infants of mothers with worsening depression scores had lower total developmental scores measured by AGTE ($p=0.031$). Mothers who had higher depression scores had also scored higher hostility, parental rejection and marital discordance in the subscales of PARI ($p=0.017$, $r=0.262$; $p=0.015$, $r=0.265$ respectively). Despite a rise in depression scores, a significant decline is observed in the anxiety scores (mean±SD=11.13±8.49) compared to prenatal period (mean±SD=13.97±7.21) ($p=0.007$). There was also a significant positive correlation between anxiety scores of the two periods ($p=0.248$, $r=0.242$).

Conclusion: Prenatal depression seemed to continue even after 2 years from birth and the infants' development and parental attitudes are adversely affected whereas anxiety did not seem to follow the same course. Identification and follow up of prenatal psychiatric morbidity might decrease the risk of psychopathology both in mothers and their infants.

P29 Predictors and correlates of general and pregnancy-specific anxiety: preliminary results

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Introduction: Pregnancy-related anxiety is an emotional state tied to pregnancy-specific concerns such as worries about childbirth, mother and child's well-being, hospital and health care experience, etc. A growing body of research identifies pregnancy-specific anxiety as a stronger predictor than general forms of anxiety and stress for adverse birth and child development outcomes. Risk factors for pregnancy-specific anxiety are however less researched.

Aims of the study: This exploratory study aims to identify the factors that contribute to the types of anxiety: general (trait, state) and pregnancy-specific anxiety.

Material and Methods: Total sample of 155 women in early pregnancy (8-12 weeks) consists of normal (n=101) and high-risk (n=54; likely to present obstetrical and medical complications) pregnant women. Participants completed questionnaires to measure general anxiety (STAI), pregnancy-related anxiety (PRAQ), depression (EPDS), social support (SSQ), marital satisfaction (R-DAS), and attachment style (RSQ).

Results: Multiple regression analyses of socio-demographic, obstetric and psychosocial variables reveal that depression is associated with high levels of state, trait and pregnancy-specific anxiety. High-risk pregnancy contributes to high levels of trait anxiety, and low social support is associated with high levels of state anxiety. Primiparity, insecure anxious preoccupied attachment style and low social support appear to contribute to high levels of pregnancy-specific anxiety.

Conclusions: A better understanding of the risk factors for pregnancy-specific anxiety would enable more specific and fast action. With the exception of depression, it appears that predictors of pregnancy related anxiety differ from those of general anxiety. Though both constructs overlap, there seems to be something unique about pregnancy-specific anxiety. It would be interesting to further explore insecure attachment style, a much less studied variable, in relation with pregnancy-specific anxiety. It would also be relevant to replicate current study on a larger sample.

P30 Specific and general anxiety evolution for high-risk pregnancy women: preliminary results of a longitudinal study

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Introduction: High-risk pregnancy (HRP) is a health threatening condition (gestational diabetes, hypertension, etc.) that places mothers and their offspring at higher risk of medical complications during pregnancy and delivery. HRP constitutes a risk factor associated to early delivery and low birth weight. Pregnancy-specific anxiety [PSA] is a particular emotional state related to pregnancy-specific concerns, such as worries about the health of the baby and childbirth. PSA has been found to be prevalent among HRP women. To date, little is known about the evolution and impact of high levels of anxiety in the context of a HRP.

Aim of the study: Compare the evolution of anxiety between a group of non-HRP and HRP women using a longitudinal approach.

Methods: A cohort of medically high-risk women (HRP) (n=54) and non-HRP women (n=101) participated to this study. Specific and general anxiety were measured during the 1st, 2nd and 3rd trimester using the Pregnancy Related Anxiety Questionnaire (PRAQ) and the State-Trait Anxiety Questionnaire (STAI). Comorbid depressive symptoms were also assessed using the Edinburgh Pregnancy Depression Scale (EPDS). Repeated-measures analyses of variance were performed.

Results: HRP women tended to score higher on PSA and GA measures throughout the entire pregnancy. Moreover, HRP women presented significantly more depressive symptoms than non-HRP women during the 1st trimester of pregnancy; however, this difference was no longer apparent during the 2nd and 3rd trimesters. A significant decrease in anxiety and depressive symptoms was observed over time, regardless of the medical condition.

Conclusion: Even though a diminution of anxiety and depressive symptoms was observed over time, HRP women were more depressed at the onset of their pregnancy and remained slightly more anxious throughout pregnancy than non-HRP women. These results pinpoint the importance of early clinical intervention in the context of a HRP.

P31 Severe perinatal psychopathology. Phenomenology, treatment and effects on the infant. Comparison of the experiences of two centers (USA and Spain)

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Introduction: This workshop focuses on the “lessons learned” from the clinical evaluation and treatment women-families from two services. One in a large inner city hospital in the US and another one in a Perinatal Public Health service in Spain. In the first, a review of the findings of 350 consecutive women is presented. In the center. In the second, the experience in a public perinatal mental health service in Spain is presented.

Phenomenology: Two high psychosocial risk populations: Many women have severe difficulties, including personality disorder, mood dysregulation, irritability, interpersonal conflict and chronic severe anxiety. A large proportion manifest dissociative experiences and history of trauma and losses in childhood.

Treatment: Treatment strategies include relaxation techniques, hypnosis, biofeedback, metallization-based psychotherapy, group psychotherapy and a minimum of pharmacotherapy. Concurrent individual and group sessions are necessary to alleviate the personality problems. Maximum flexibility is necessary to adapt the therapy to the clinical situation, including home visitations. Focus on a corrective attachment experience and the resolution of trauma and losses are the most important ingredients in a long term intervention.

Effects on the parent infant interaction: More than 50% of mothers present significant “abnormal maternal behaviors” including tendency to ignore infant cues, hostile or harsh responses dissociative response and not noticing the clues of the infant, with a minority demonstrating a role reversal pattern. Often the partner provides an ameliorating role even when he also often has emotional difficulties. Providing alternative caregivers for part of the time is important, as well as using group strategies to help mothers to “read” the clues of the baby in a more benign fashion are important elements.

P32 The effects of the infant massage on fathers at childbirth

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Literature highlighted that changes, both physical and emotional, experienced by women during the transition to parenthood may constitute risk factors during the perinatal period. Recently, more attention has been paid to the effects of this phase on the father, and preliminary studies have indicated an increased stress related to the parental role, and a decrease in dyadic adjustment. These elements may lead toward a caregiving system represented by the risk for parent-infant interaction and infant development. In light of these studies, early intervention programs are fundamental. Infant Massage (IM) has been described as able to promote the parental ability to understand the baby's cues, reducing the risk due to the post-partum stage. To the best of our knowledge, no studies have investigated the impact of IM on fathers at childbirth.

Our goal is to observe whether IM taught to fathers can have an effect on their emotional state (i.e., depressive risk, parental stress, dyadic adjustment and perception of social support).

The research consists in three distinct phases in which were involved twenty-five father-child pairs. In the first step (T1, Pre-intervention) and in the third step (T3, Post-intervention) data were collected through the following self-report: EPDS, PSI-SF, DAS, ICQ and MSPSS. The second step (T2 - Intervention) is represented by four meetings in which the fathers were trained to touch the baby through the massage sequences. Findings show a decrease in average score at EPDS and PSI-SF as well an increase in average score at DAS, and MSPSS. IM seems to be a valuable early intervention able to act on those variables that can affect the adjustment of the father to the new parental role.

P33 Breastfeeding without stress – a project enhancing volunteer doulas' reflective stance in supporting breastfeeding and parenting

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Introduction: In Finland, where most doulas are volunteers, the doula support is constantly growing in popularity. Research has shown that continuous doula support during labor increases feelings of empowerment and decreases anxiety. Doula support also increases breastfeeding success and enables a more positive breastfeeding experience. These facts led to a project, Breastfeeding without Stress, intended to increase volunteer doulas' skills in providing support in early parenthood and breastfeeding. The project is being realized by two NGOs in charge of supervising and training Finnish volunteer doulas.

Aim: To enhance the volunteer doulas' expertise related to early family-centered support, a 20-hour breastfeeding course based on WHO's BFHI-guidelines, was arranged for all 18 of Finland's volunteer doula groups. The aim was to relieve breastfeeding-related stress and anxiety and to strengthen resilience and resources within the family by focusing on enhancing a reflective stance among doulas.

Description of the project: At present, 150 doulas have been trained to provide breastfeeding support through home visits during pregnancy and the early postpartum period. Doulas have been instructed to encourage the parents to reflect on their feelings and experiences of breastfeeding and parenting and also to provide them with breastfeeding information. Doulas' attitudes, knowledge, and confidence related to breastfeeding support have been followed up on by a questionnaire before and after the course, and parents' experiences have been collected via telephone interviews.

Results: Preliminary results indicate that doulas felt more confident and skilled after the course. They reported their main tasks as discussing breastfeeding, sharing knowledge about parenting, and encouraging parents. Parents, on the other hand, valued the emotional support and assistance that doulas gave them.

Conclusions: By training volunteer doulas to give breastfeeding support in a more reflective way, parents feel empowered and overall supported. Doulas are a valuable addition to professional care during the perinatal period.

P34 Multidisciplinary mental health support for parent-infant in NICU II . Psychosocial functioning in children admitted in the NICU: A comparative study

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Introduction: Improvements in perinatal care at Neonatal Intensive Care Units (NICU) have resulted in significantly increased survival for preterm and low birth weight infants. Although less is known about the long-term outcome, preterm birth (gestational age < 37 weeks) or low birth weight (birthweight < 2500g) might be associated with specific difficulties in the areas of motor, cognitive, behavioral, psychological, and social function among preschool and school-age children.

Aims of the study: The objectives of present study are to examine clinical features of preterm children based on multi-axial psychiatric evaluation by comparing two groups of children (NICU children group and control group).

Material and Methods: The clinical outcomes of forty-four patients (n=44, mean age, 6.9 years) were retrospectively analyzed from the medical record. We compared gestational age, birthweight, physical illness confirmed by medical record, psychosocial and environmental problems, coexisting emotional/ behavioral problems as measured by Child Behavior Checklist (CBCL), psychosocial functioning by Children's Global Assessment Scale (CGAS), parental psychological distress by General Health Questionnaire-28 (GHQ-28), and maternal depressive symptoms by Edinburgh Postnatal Depression Scale (EPDS) among two groups.

Results: The NICU group showed significantly smaller gestational age and birthweight than the control group. Interestingly, however, there were no significant differences on infants' physical illness, psychosocial and environmental problems, CBCL, CGAS, GHQ-28, and EPDS between two groups.

Conclusions: Given the similar results among 2 groups, neither preterm birth nor low birth weight seem to worsen the psychosocial functioning in NICU group compared to control. In spite of early adversity for mother-infant in NICU, such as separation and medical burden, the failure to detect the difference among two groups might be because extensive support including developmental follow-up care for NICU group from birth might also improve their psychosocial prognosis.

P35 Relationships between fear of childbirth and maternal mental health: A literature review

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Introduction: Maternal mental health affects mother-child interactions and child development. Scandinavian studies suggest that the fear of childbirth (FOC) affects maternal mental health. Therefore, childbirth professionals should pay attention to women with FOC. The purpose of this study is to explore the measures required for promoting maternal mental health by a literature review.

Methods: A literature review was conducted using the keywords “fear of childbirth” and “mental health” in the CINAHL, Pub Med, and Japan Medical Abstracts Society. Inclusion criteria were original articles in English or Japanese published online, between 1990 and 2015.

Results: Fifty-four papers were identified; of these, 41 were excluded because they didn't meet the inclusion criteria. Thirteen papers were selected for analysis. All papers were in English. Following were the findings of the literature review: (1) FOC was measured using the Childbirth Attitudes Questionnaire(CAQ),Wijma Delivery Expectancy/Experience Questionnaire(W-DEQ),and a non-validated fear of childbirth questionnaire;(2) women's mental health was measured using the Perinatal Post Traumatic Stress Disorder Questionnaire, the Post Traumatic Stress Disorder Checklist, and Edinburgh Postnatal Depression Questionnaire; and(3) FOC increased the risk of maternal mental health problems during pregnancy, with mental health problems being twice as prevalent in women with FOC.

Conclusion: FOC is a significant women's health issue. Early identification may prevent the negative impact of FOC on maternal mental health, and women should be screened for FOC or maternal health problems during pregnancy using assessment tools, such as W-DEQ and CAQ. However, some studies suggest that FOC is associated with personality, history of mental illness, previous birth experience, and culture. Hence, childbirth professionals should develop appropriate screening procedures to identify women with FOC. The strong association between FOC and maternal mental health indicates the need for a multidisciplinary support, including midwives, obstetricians, psychiatrists and other health-care professionals.

P36 Causes of early weaning in children with Attention-Deficit/Hyperactivity Disorder

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Introduction: Breastfeeding provides several benefits like prevention of infant morbidity-mortality, improvement of mental development and maternal health. Studies report consistently that children with ADHD have history of insufficient exclusive breastfeeding. However, causes of early weaning in ADHD children remain unexplored and unknown.

Aims of the study: The purpose of this study was to investigate the causes of early weaning in ADHD children having such early life history.

Materials and Methods: The study group consisted of 44 children and adolescents, from 7 to 17 years, having a diagnosis of ADHD and also having an infancy history of absence or short duration of exclusive breastfeeding. The mothers were surveyed about early feeding experiences including that of breastfeeding.

Results: Thirty-five mothers (80%) reported insufficient milk supply as the main cause of insufficient exclusive breastfeeding (less than 6 months). The infants of the rest of the sample had

been weaned early because of infant refusal (n=4; 9%), mother's resuming work early (n=3; 7%) and maternal medical conditions (n=2; 4%).

Conclusions: Insufficient milk supply being the most predominant one, maternal factors appear to be the most likely predictors of early weaning. This study rules out infant characteristics as a possible significant factor in early weaning of children with ADHD. We recommend educating expectant and new mothers about the benefits of breastfeeding and supporting them in problems encountered during exclusive breastfeeding.

P37 Psychological aspects of pregnancy and child outcomes after Assisted Reproductive Technology (ART) conception

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Introduction: Infertility affects approximately 15% of couples in western countries and more than half of them seek medical care (Boivin et al., 2007). Previous studies consistently showed that the diagnosis of infertility produces a negative impact on both individual's and couple's well-being with manifestations of depression, anxiety, isolation and low self-esteem (Greil, 1997).

Aims of the study: Our study aimed to explore whether these psychological symptoms persist when ART treatments result in a pregnancy and whether they may affect the child's psychological well-being.

Material and Methods: A systematic literature review was undertaken from SCOPUS, EBSCO and Medline databases. Articles referring to psychological aspects of pregnancy, childbirth and the first post-partum year after an ART conception were selected.

Results: With regard to pregnancy, studies consistently showed that anxiety, depression, self-esteem, emotional well-being, and prenatal attachment to the foetus in the ART samples were similar to the couples who have conceived spontaneously. Articles addressing parent-child relationship and child's psychological outcomes were less convergent: most of them did not report differences between the two groups, but some studies showed that children conceived through ART were more demanding at 4 months of age and were described by their mothers as having a greater number of difficult behaviours than the control group.

Conclusions: Overall previous studies concerning pregnancy did not find significant differences in couples conceiving through ART if compared with couples who have conceived spontaneously. Some differences were detected in the child's psychological outcomes but the examined study did not control such variables as preterm delivery and multiple births that are highly associated with ART treatments. The current review highlights methodological issues of concerns and topics to be addressed and deepen by future studies.

P38 Building resilience with an antenatal parenting programme

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Introduction: An extensive body of evidence shows that strategic investment in the wellbeing of pregnant women and young children can change the trajectory of children's lives.

3 foundations of wellbeing for children in their first 1000 days are

- Stable and responsive relationships
- Safe and supportive physical and built environments
- Secure and appropriate nutrition.

Aims: To build resilience in young expectant parents with a programme that is focused on relationships, infant mental health and stress management.

Material and Methods: We use a cultural adaptation of Mellow Bumps where culturally specific content has been added to the programme, addressing historical trauma in the indigenous population. There is a focus on protective factors that build resilience, including addressing historical trauma in this antenatal parenting programme.

Results: Results showed that indigenous parents-to-be responded well and benefited from this culturally adapted programme.

Conclusion: Significant improvements in parental anxiety, depression, outward-irritability and inward-irritability suggest that an attachment based antenatal intervention such as a cultural adaptation of Mellow Bumps can have a positive impact on an expectant parents emotional wellbeing.

P39 Postpartum Hemorrhage (PPH) : A "rugged" childbirth

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Postpartum bleeding, otherwise known as postpartum hemorrhage (PPH), is defined by the World Health Organization as "an original uterine bleeding, occurring within 24 hours of delivery and responsible of blood loss estimated at least 500 ml or 1000 ml respectively for a vaginal delivery or cesarean. " It remains the leading cause of maternal mortality in France and in industrialized countries. It is, in most cases, an unpredictable event and therefore of sudden and unexpected nature for the woman, her partner, the infant but also for maternity professionals. Some recent studies (Thompson JF. And coll, 2011 Sentilhes L. and coll, 2011 Ricbourg. A et al, 2015) have examined the psychological repercussions of postpartum hemorrhage. Few, however, have focused on evaluating the consequences of PPH on mother-infant interaction through maternal speech. We propose to assess the impact of postpartum bleeding on women and mother-infant relationship in the case of a cesarean section. Our methodology is based both on qualitative datas (semi-structured interviews with women one month and three months after their childbirths) but also quantitative (questionnaires assessing symptoms of post traumatic stress (IES-R), depression (EPDS) and anxiety (Spielberger)). Our population is a cohort of 31 patients enrolled in a study cases/controls (Ricbourg. A et al, 2015) in a Parisian hospital specifically supporting PPH. Since the aim of the present research is to deepen the qualitative data on these patients (clinical vignettes, detailed analysis of semi-structured interviews), the cohort of 31 patients was reduced to 4 women who experienced postpartum hemorrhage after cesarean section. The results are compared to those of four women in a control group (mothers who experienced cesarean delivery without PPH) and invite professionals to think of "the aftermath" of "rugged" childbirth.

P40 Pregnant women's attitude to a fetus with concern to the perception of relations with parents in childhood Savenysheva S., Evgrafova E.

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Many scientists and researchers believe that the quality of the relationship with the mother in early childhood is crucial to attachment formation. But we can point out the lack of scientific studies of the influence factor of relationship with parents in childhood on attitudes toward fetus, prenatal attachment in pregnant women.

The aim of our study was to investigate correlation between the characteristics of the attitude to the fetus and the perception of relations with parents in childhood. The study involved 60 pregnant women living in St.Petersburg (Russia), at pregnancy of 20 to 36 weeks, aged 20 to 40 years old.

Measures: Demographic questionnaire, test of relationships of pregnant women (I.V. Dobryakov), questionnaire "Parental attitude research instrument" (E.S. Schaefer, R. Q. Bell), questionnaire «Reflection of parental attitudes" (M.V. Galimzyanova, E.V. Romanova).

Results: The adequate type of attitude to the fetus and the pregnancy is positively related to the mother's acceptance in childhood, mother's symbiotic relation to the child and negatively - with doubts about the ability of the child. Anxious type of attitude to the fetus and the pregnancy has the opposite correlation: this type has more pronounced low acceptance by the mother and father, and a high level of doubts about the ability of the child. Symbiotic relationship with his mother and father and authoritarianism on the part of the mother and father are positively associated with the attitudes on the excessive concentration on the child.

Conclusion: Pregnant women's attitude to a fetus is more closely linked to perceptions of relations with the mother than with the perception of relationship with his father. Positive attitude to the fetus correlate with mother's acceptance in childhood, mother's symbiotic relation and negatively - with doubts about the ability of the child.

P41 Paternal Adjustment and Paternal Attitudes Questionnaire: Antenatal and Postnatal Portuguese versions

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Introduction: The Paternal Adjustment and Paternal Attitudes Questionnaire (PAPA) was designed to assess paternal adjustment and paternal attitudes during the transition to parenthood. Aims of the study: This study aimed to examine the psychometric characteristics of the Portuguese versions of the PAPA – Antenatal (PAPA-AN) and Postnatal (PAPA-PN) versions.

Material and Methods: A non-clinical sample of 128 fathers was recruited in the Obstetrics Out-patient Unit, completed both versions of the PAPA and self-report measures of depressive and anxiety symptoms during pregnancy and the postpartum period, respectively.

Results: Good internal consistency for both PAPA-AN and PAPA-PN were found. A three-factor model was found for both versions of the instrument. Longitudinal confirmatory factor analysis revealed a good model fit. The PAPA-AN and PAPA-PN subscales revealed good internal consistency. Significant associations were found between PAPA (PAPA-AN and PAPA-PN) and depressive and anxiety symptoms, suggesting good criterion validity. Both versions also showed good clinical validity, with optimal cut-offs found.

Conclusions: The present study suggested that the Portuguese versions of the PAPA are reliable multidimensional self-report measures of paternal adjustment and paternal attitudes that could be used to identify fathers with adjustment problems and negative attitudes during the transition to parenthood.

P42 The Doula Project: Wrapping families with prenatal, birth and postpartum doula supports for optimal birth outcomes and family development.

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The Doula Project is made up of three main components-education, labor and postpartum support. These components are approached with the mindfulness that women with adverse childhood experiences (ACEs) have unique sets of perinatal needs that the medical model alone does not meet. The Doula Project (TDP) addresses these needs with the understanding that holistic care works best with medical and mental health integration. Experts identify doulas as the primary way to avoid unnecessary interventions including a cesarean birth. Doulas have been linked to better birth outcomes. Women report higher levels of birth satisfaction, better adaptation to parenthood, and lower levels of childbirth trauma. TDP offers services focused on supporting mental health, infant-parent bonding, self-advocacy, healthy parenting, and connecting to community. TDP offers a full wrap of services being embedded in Early Childhood and Family Mental Health Program that offer therapeutic support, developmental guidance, and therapeutic childcare. Lack of adequate supports during pregnancy and postpartum are related to issues such as breastfeeding rates and postpartum depression, both linked to a women's and children's long-term health. Evidence regarding the effects of maternal stress on a developing fetus illustrates how stress impacts the immediate postpartum and child brain development. All women are invited to attend a childbirth class or private education that is tailored to this population. Participants are matched with program doulas who become their "pregnancy touchstone". The doula attends their birth and offers non-medical physical and emotional support during the duration. Once postpartum, participants are offered 1-2 postpartum visits a week, and invited to a postpartum group as well as specially planned activities. In 18 months TDL has provided supports to 36 women and has exceeded the World Health Organization birth outcome standards. All participants report high birth satisfaction and identify their doula as primary to their experience.

P43 Postpartum visits for fathers at the child health center – a pilot study

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Introduction: Fathers' involvement in their infants, as well as their own wellbeing, is beneficial to the child's health and development. Sweden is a country with high gender equality and fathers are generally highly involved their young children. However, while a special postnatal visit for the mother, including screening for depression, is an integrated part of the universal Child Health Care (CHC) program, there is no corresponding visit for fathers. The CHC nurses are thus rarely aware of fathers' support needs.

Aims: To evaluate a special postpartum visit for fathers at the Child Health Center, a visit with the CHC nurse to talk about the father-child relationship, their role as a father, and their own wellbeing. The intention is to get to know the fathers better, make them feel more welcome, and to identify fathers in need of support.

Methods: Eleven nurses from five child health care centers attended a one-day training before implementing the new routine. All fathers with infants enrolled in the five centers were then offered a special visit with the CHC nurse at 3 months postpartum. Focus group interviews were

conducted with the nurses following an interview guide with questions about how they perceived different aspects of the visits with the fathers. The recorded and transcribed interviews were analyzed using Qualitative Content Analysis according to Bernard. Individual interviews with participating fathers are planned to take place in the spring of 2016.

Results: Preliminary results show that the nurses are positive about the postpartum visits for fathers. Major themes yielded: 1) Experiencing a more holistic view of the family. 2) Acquiring important information, such as about fathers who are distressed or in need of support. 3) Being able to support new fathers in their relationship with their child; and 4) Establishing a deeper relationship with fathers.

P44 Supporting parents empowerment during stressfull events to prevent negligence

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Introduction: Becoming parents is a challenge. Caring for an infant with persistent crying is one of the most stressful events for parents in the beginning of life. There is newborns' risk of sustaining an abusive head injury resulting from shaking during the first year of life. Health care during the postnatal period should be developed such that it becomes more family centred, encouraging and resource strengthening. A low-cost prevention program delivered by health professionals can substantially reduce stress, burn out and shaking baby. (Radesky et al, 2013 ; Barr et al, 2009)

The aim of the project was primarily to support family during the birth transition. Secondly, it was to develop a conceptualization of family-centred care grounded in the experiences of families with a new born and direct health-care providers during the first year of life.

The project consisted of program planning, implementation and evaluation. The program consisted of a leaflet explaining babies cries, parents and infant needs and how to prevent abusive head trauma. We used reflective practice to be a set of procedures that assist in both the learning and skilled practice of family empowerment. The participants involved in the project were all health-care providers. Mixed method were used in order to evaluate the program with interviews and questionnaires.

Conclusions: This family centred care-based program was perceived as helpful in improving the family empowerment and the interactions between parents and babies. To help competence transfer in practice intervention, new tools such as a set of playing cards were developed.

P45 Factor analyses of the Mother and Baby Scales (MABS) in a Portuguese population: Confirming three main factors

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Introduction: The Mother and Baby Scales (MABS) were designed to measure mothers' perceptions of the newborn's behavior and of their own self-confidence as care providers. The initial version proposed eight scales, but in most studies this scheme is rarely used. This study explored the factor structure of the MABS, searching for a simpler form of scoring.

Methods: Factor analyses were carried out in a sample of 197 mothers who completed the MABS at the hospital, in the first 72-hours of infant life. Exploratory (EFA) and Confirmatory factor analyses (CFA) were conducted in order to explore the dimensions of the item set.

Results: The exploratory factor analysis revealed three factors which explained 42,04% of the variance: 1) Irritable/Difficult Infant, 15 items (Cronbach's alpha = 0,90); 2) Caregiver Confidence, 16 items (Cronbach's alpha = 0,88); and 3) Alert/Responsiveness, 9 items (Cronbach's alpha = 0,77). Confirmatory factor analysis provided an acceptable adjustment for the observed variables ($\chi^2(737) = 1440$; CMIN/DF = 1,96; NFI = 0,62; CFI = 0,76; TLI = 0,73; SRMR = 0,0873; RMSEA = 0,07).

Conclusion: Our results indicate that three main factors seem to underlie the MABS, supporting a scoring scheme already used by some authors. Scales derived from these factors show adequate reliability and factorial validity. Empirical support for this simpler scoring scheme may enhance the usefulness of the MABS in evaluating parents' perceptions of newborn behavior and their self-confidence. This information should be very helpful in identifying vulnerable parents, who might benefit from early psychological or educational intervention right from the infant's birth.

P46 Antenatal and postnatal services for parents with psychosocial problems

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The Swiss *Mütter- und Väterberatung* is a service for all parents with children from 0-5. We are paediatric nurses with additional training in counselling, child development, etc. In Zürich we cooperate closely with social services, which facilitates contact with pregnant clients on welfare. After the baby is born these parents often need special support. If contact was established during pregnancy, it is easier to assist these parents following birth. Pregnant mothers and fathers with psychosocial problems (e.g. low income, isolation, domestic violence, illness) are supported in order to reduce stress for mother and child during pregnancy, to assess possible risks for the baby after birth and to make adequate preparations. We get contacted by social workers. Interested clients then attend our clinic for a first conversation. Depending on the needs of the mother/couple, further appointments occur in monthly intervals. Once the baby has arrived a home visit is offered, followed by monthly appointments up to one year. Parents usually have many questions and (from our perspective) often need advice regarding handling, interpretation of signs and regulation of their babies. If it becomes obvious that a mother is unable to look after her baby adequately, other options are considered. This could be involvement of the wider family, nursery placement, help at home through other institutions, placement in mother-child institutions, etc. In complex cases such interventions are discussed within the team and with other professionals. Early intervention during pregnancy has in most cases yielded great benefits for the families. Stress especially following birth was reduced. Where child protection was an issue, early intervention replaced drastic measures. Contact should take place half way through pregnancy. When involvement is initiated only towards the end of pregnancy, contact often gets rejected.

P47 Infant mental health in a rapidly changing world: Conflict, Adversity. Resilience

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Having worked as a homebirthing midwife for the last 25 years, I took the chance to specialise more on the psychological level of birth. As I had quite a close relationship with the women I cared for, and had observed the impact of the social and psychic influences on the woman and consequently on her little child during pregnancy, I was in search of a way to improve the psychic status of the women. I hoped to enhance the emotional equilibrium of mother, and at the same time better the child's emotional status, and give the bonding process a chance to develop into a sustaining relationship that would carry them through the vagaries of the antenatal period and the

stormy hours of the birthing process. I took a further education course in Guided Affective Imagery, a basic NLP and Mother-Child Bonding Analysis training, and some knowledge in regression work, including personal therapeutic experience. Of this I developed my own way of dealing with the baby within the mother, and the mother as well. This method, which I call „Dreamjourneys“, has been most effective to better the emotional status of any mother and child, but especially in cases of signs of premature contractions, and secondary and transgenerational cesareans. During birth I was capable of resolving the problems of „arrested labour“ due to a frightened baby with three cord loops around the neck, a mother who had lost faith in her ability to birth her child, a baby wanting her daddy (separated from Mum) to be present, or a second twin who mourned his lost brother, born alive and well many hours before. Premature labour is mostly a cry for help of the little child and can be addressed. In one case of a transgenerational cesarean the grandmother, the mother and the pregnant woman all had had caesareans, save for the 2nd and 3rd child of the last mum. I would like very much to come to Prague and present to the audience by means of anecdotal reports first hand information about this mysterious world of the little unborn child, of which we have so little information so far on its emotional level and its eagerness to contact its mum and the world outside.

P48 French experience at the Alfred Binet Center

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The Center A. Binet is a pioneer of the French scheme of "division into sectors," created in the 1960s by R. Diatkine and S. Lebovici. For child care this is based on a close collaboration with the community, the city, and partners in the field. For babies and perinatal interventions, this work appears to be especially relevant. Links have been made between Alfred Binet Center and maternity hospitals, centers of mother and child care (PMI), professionals (gynecologists, midwives, pediatricians), day-nurseries, etc. Through regular sessions, associated with case-by-case meetings, to detect parents-to-be, very young children, and their families, we think in common and in a multidisciplinary ways to support them and organize treatments. We suggest through this symposium to present this framework and these institutional implications through a clinical situation to illustrate this original work of prevention which, from pregnancy, allows us to propose psychotherapeutic treatments for the parents, which continue after the birth of their babies.

P49 Clinical treatment in parentality

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Aim: I would like to show, through this presentation, how preventive clinical treatments in parentality are carried out in a medical and social setting in a disadvantaged neighbourhood in Barcelona city.

Two clinical situations are presented: **1-**family therapy in a situation of high risk of abuse (Illustrated with a **brief clinical vignette**) and **2-** a preventive mother-baby intervention with a **short video recording** made in the first months of life. The presentation of the material allows us to see the importance of the brief therapeutic intervention in the perinatal period.

Description of the project: We have developed a research and treatment programme, psychoanalytically inspired by the Geneva School (Cramer-Palacio-Nanzer), to identify pregnant women coping with multiple difficulties and at risk of depression and anxiety.

The programme was born in the cooperation between a clinical group and a public health centre in a low-income neighbourhood on the outskirts of Barcelona with a high population of immigrants, and high unemployment. Once an individual is referred by a GP or midwife, we conduct a brief therapeutic intervention (4-6 sessions) addressed to the mother-baby dyad to establish healthier parental bonding and attachment.

Conclusions: The therapist is available to receive the anxieties of the mother and baby and open a space for thought. Parentality therapy aims to release potentialities and to recover healthy aspects and developmental processes in the dyad.

Poster Session 3: Attachment: research, security of attachment and disorders of attachment

P50 Creating secure attachments within play

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Attachment is the basis of all success a person has and can be traced back to parenting styles and connections between infants and the adults in their lives. This workshop will introduce participants to ways that they can support parents, care givers, and teachers in creating secure attachment styles with children even during busy classroom days and home lives. This work can be linked to Bowlby's attachment theory and Mary Ainsworth's body of work along with the work of their students and more recently Dr. Bailey. From this workshop participants will be able to identify basic attachment styles within themselves, the adults and children they work. Participants will also learn five easy steps to add and share with the adults they work with to increase the probability of a secure attachment happening.

P51 Early attachment trauma and the impact on child's development

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It is important to broaden our vision on attachment trauma, by pointing out the importance of the quality of parenting as an indicator to develop a secure attachment relationship. This quality mainly depends on the caregivers' ability to mentalize, regulate, contain, play, ... The absence of these features causes traumatic stress in the child and impacts his psychological and neurological development and the possibility to attach. Thus, it is important that we are aware of the relationship between early attachment trauma (EAT) and affect dysregulation and dissociation. The seriousness depends on the early age of the child, an immature coping mechanism, the child's different experience of danger, the stress level of adverse experiences and the caregiver as the source of trauma. We can consider dissociation and affect dysregulation as complex adaptation to trauma. In addition, when the child is not able to manage distress, it lacks the capability to integrate the experiences. Dissociation and inadequate self regulation interfere with one another and impact the development of the sense of self. This expanded vision of EAT might serve as a basis for a new classification which has implications for recognition and assessment. Research on the consequences of early traumatic events helps us to define new criteria for attachment trauma and enables a more accurate treatment. And finally, a higher awareness of

these events enables us to create adequate prevention strategies. By raising awareness among both caregivers and clinician about attachment trauma, prevention strategies and tailor-made treatment might increase and create new therapeutic opportunities.

P52 The effects of parental sensitivity and involvement in caregiving on mother-infant and father-infant attachment in a portuguese sample

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In the present longitudinal study, we investigated attachment quality in Portuguese mother-infant and in father-infant dyads, and evaluated whether attachment quality was related to parental sensitivity during parent-infant social interaction or the amount of time each parent spent with the infant during play and in routine caregiving activities (e.g., feeding, bathing, play). The sample consisted of 82 healthy full term infants (30 girls, 53 boys, 48 first born), and their mothers and fathers from mostly middle-class households. To assess parental sensitivity, mothers and fathers were independently observed during free-play interactions with their infants when infants were 9 and 15 months old. The videotaped interactions were scored by masked coders using the Crittenden's CARE-Index. When infants were 12 and 18 months old, mother-infant and father-infant dyads were videotaped during an adaptation of Ainsworth's Strange Situation. Parents also described their level of involvement in infant caregiving activities using a Portuguese version of the McBride & Mills Parent Responsibility Scale. Mothers were rated as being more sensitive than fathers during parent-infant free play at both 9 and 15 months. There also was a higher prevalence of secure attachment in mother-infant versus father-infant dyads at both 12 and 18 months. Attachment security was predicted by the amount of time mothers and fathers were involved in caregiving and play with the infant, and with parents' behavior during parent-infant free play.

P53 Spousal relationship quality: Intergenerational transmission and impacts on attachment security in offspring

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Introduction: Attachment insecurity in the early years plays an important role in a range of psychosocial adjustment problems in later life (Simpson, Collins, Salvatore, & Sung, 2014), and therefore, continues to be an important focus of prevention and intervention research. A key predictor of early attachment insecurity is spousal relationship quality (Davies & Cummings, 1994), itself subject to inter-generational transmission (Amato & Cheadle, 2005). However, there is yet little research investigating the intergenerational transmission of spousal relationship quality on attachment security (Cowan & Cowan, 2009).

Aims: (1) To describe The Australian Temperament Project Generation 3 Study (ATPG3) of offspring born to 30-year longitudinal study of social-emotional development. (2) To present early data on intergenerational relationships between spousal relationship quality and offspring attachment behaviours.

Methods and Data Source: The ATP is a population-based birth cohort that has followed around 2000 children (G2) and their parents (G1), across 30 years (16-waves) from 1983. Since 2011,

offspring have been recruited into the ATPG3, with assessments in the third trimester of pregnancy, at birth, 8-weeks, 12-months and 4-years postpartum. The aim is to recruit 1000 offspring by 2017; currently 500 offspring have been identified. Assessments are done by telephone interviews with parents, with further in-depth clinical assessments of attachment completed in Melbourne using the *Strange Situation Procedure* at 12-18 months, and at 4 years.

Results: Early findings from ATPG3 and systematic review findings will be available at the Congress and included in the poster.

Conclusions: The ATPG3 study will provide one of the largest and most comprehensive three-generation data resources of its kind. Findings of this sub-study will advance knowledge of the impact of spousal relationship quality on attachment security in offspring, among many other intergenerational relationships, which in turn will inform new opportunities for prevention and intervention across the life course and generations.

P54 Associations between mother-foetal attachment and infant developmental outcomes: a systematic review

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Introduction: Infant developmental outcomes may be influenced by a range of prenatal maternal characteristics. While there is some evidence to suggest that maternal-foetal attachment may be associated with infant developmental outcomes, there is a need to systematically review this evidence to guide future research and clinical practice.

Methods: Five electronic databases were systematically scanned. Key journals and reference lists were hand-searched. Papers were included if: 1) pregnant women were assessed for maternal-foetal attachment; 2) the infants were later assessed, under two years old, for any developmental outcome (e.g., social-emotional, cognition, motor, language, adaptive behaviour); and 3) they were published in English. Two independent reviewers used the STROBE checklist to appraise the quality of each paper.

Results: Of the 955 papers identified, eight were included in the review, and four of these were of low quality (<60%) based on the STROBE. The developmental domains that were examined included: infant temperament (n=5), adaptive behaviour (e.g., colic, sleep) (n=2), and milestone attainment (n=1). There is some evidence to suggest that lower maternal-foetal attachment is related to suboptimal developmental outcomes. However, these results should be interpreted with caution due to the limited and low quality studies available.

Conclusions for practice: Although maternal-foetal attachment may be associated with infant developmental outcomes, future research is required which: 1) considers a range of developmental outcomes, 2) has increased scientific rigour, 3) assesses mother-infant dyads at different prenatal and postnatal time points, and 4) examines different target populations.

P55 A brief-term attachment-oriented post-adoption intervention and a long-term follow-up: a single case study

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Introduction: Families who adopt older-children have to face their damaged attachment patterns due to neglect and abandonment often experienced in their pre-adoption lives.

Aims of the study: This single case study aimed at analysing the outcomes of a five-session attachment-oriented intervention with an adoptive dyad performed in the first year after placement, up to a long-term follow-up during child's adolescence.

Material and Methods: This single case involved a four-years internationally adopted child and his adoptive mother. A multi-method assessment of attachment both for the adoptive mother (Adult Attachment Interview, AAI, and Current Relationship Interview, CRI) and her late-adopted son (Separation and Reunion Procedure, SRP, Manchester Child Attachment Story Task, MCAST, and Friend and Family Interview, FFI) was performed in the brief-term clinical intervention and long-term follow-up. The brief-term post-adoption intervention was focused on helping the mother to reflect both on her own past experiences and child's attachment problems seen as a consequence of the failures of his previous caregivers.

Results: The late-adopted child was assessed as *avoidant* in the SRP at the beginning of treatment and he became *secure* at the end, when he was also classified as secure in the MCAST, although some mild *disorganized* indexes emerged. During the post-adoption intervention the adoptive mother was classified as *unresolved-free/autonomous* in the AAI and *secure* in the CRI. In the long term follow-up, the adoptee showed a *secure* attachment model in the FFI and his mother reported a *free/autonomous* state of mind in the AAI.

Conclusions: In agreement with the current literature, we suggest that a brief-term attachment-oriented intervention in the initial post-adoption period can help adoptive mother to reflect on unresolved theme of her past and to enhance her sensitivity regarding the child's attachment needs, helping to build a new secure attachment bond with him.

P56 Usefulness of a program based on infant-care worker attachment in child and family service facilities- positive changes in children's behavior toward their biological parents - Tokuyama M.¹, Morita N.²

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Introduction: Children in child welfare facilities have been reported to frequently show psychologically and socially problematic behavior related to attachment (Chisholm 1998).

Aims: This study examined the usefulness of an attachment-based program (ABP) for infants and care workers (CW) in facilities providing child and family services and positive changes in the behavior of the former toward their biological parents.

Methods: Intervention-The ABP consisted of 10 sessions, lasting 5 months: a parent consultation and play sessions, the latter of which involved physical activities, with a view to promoting interactions among the child, parent, and therapist. Participants-Two pairs: a 4-year-old male and CW; and a 6-year-old female and CW. Procedures-Behavioral observation, interviews with CW, and evaluation using a questionnaire sheet.

Results: Both children had experienced physical abuse, and presented symptoms of trauma. They also feared their mothers, showing behavioral reactions, such as panic. The 6-year-old female child had difficulty in communicating with others, while the 4-year-old male exhibited attachment-related problematic behavior, including avoidance, cautiousness, and aggression. Through intervention, the 2 children's behavior positively changed, and they became able to enjoyably talk to their mothers.

Conclusion: In this study, intervention was provided using the ABP to promote stable infant-CW attachment. Positive changes in the children's behavior toward their biological parents may be explained by their improved internal representation of them, suggesting the possibility of care also being appropriately provided by guardians other than biological parents.

P58 Mothers and Fathers: Do play, care, love and established different relationships with their infants and those contributes affect infant attachment in Portuguese dyads

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Introduction: Infants form a secure attachment relationship with their fathers but infants are more likely to develop a secure attachment with their mothers than with their fathers, but the explanation remains unclear. Few studies evaluate the association between parental availability and infant attachment focus on paternal availability.

Aims: We investigated attachment quality in Portuguese mother-infant and in father-infant dyads, and evaluated their association with parental sensitivity during social interaction and with the amount of time each parent spent with the infant during play and in routine caregiving activities (e.g., feeding, bathing, play).

Method: The sample consisted of 82 healthy full term infants (30 girls, 48 first-born), and their mothers and fathers from mostly middle-class households. To assess parental sensitivity, mothers and fathers were independently observed playing with their infants when infants were 9 and 15 months old. The videotaped interactions were scored by masked coders using the Crittenden's CARE-Index. When infants were 12 and 18 months old, mother-infant and father-infant dyads were videotaped during an adaptation of Ainsworth's Strange Situation. Parents also described their involvement in infant caregiving activities using a Portuguese version of the McBride & Mills Parent Responsibility Scale.

Results: Mothers were rated as being more sensitive than fathers during parent-infant free play at both 9 and 15 months. There also was a higher prevalence of secure attachment in mother-infant versus father-infant dyads at both 12 and 18 months. Both mother-infant and father-infant secure attachment was predicted by both parents' greater sensitivity and greater involvement in play activities. Maternal involvement in caregiving activities emerged as a negative predictor of attachment security.

Discussion: Our results corroborate that early intervention practitioners should take a family systems perspective and attend to the degree to which each parent's behavior affects the other parent's behavior and how the parents together co-construct a co-parenting system of shared caregiving responsibilities and daily routines.

P59 Double denial of pregnancy and unresolved mourning: The key role of unresolved loss and a research project

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Introduction: Denial of pregnancy is now recognized as much more frequent than previously thought at about 1/475 to 1/2500. Recent studies show that the underlying psychopathology is not specific, with the absence of any clear cut mental disorder being the rule. Several mechanisms have been put forward, mostly psychodynamic ones; denial of pregnancy may fit into a reproductive disorder frame, allowing a woman to conceal and protect a pregnancy within an adverse or difficult environment. Denial of pregnancy could thus be considered as a way to protect the child from the mother's negative feelings stirring from her attachment disorganized experience as a child.

Description of the work: This poster is based on a clinical case of double consecutive denial of pregnancy. The therapeutic follow-up of this patient revealed the existence of an early traumatic experience, the brutal loss of her mother, and enabled her to become conscious of her fear of loss

if she had children, and fear of dying if she became a mother. Denying the pregnancy could therefore have been a way to protect the infants from such a tragedy. The Adult Attachment Interview procedure she accepted to undergo (scored independently by two experienced scorers being blind to the clinical history) corroborated the clinical elements and showed a preoccupied and unresolved attachment status.

Conclusion: This clinical case illustrates the enduring effects of childhood losses and unresolved mourning and emphasizes the reproductive strategy theory of denial of pregnancy. Disorganization of attachment is characterized by protective splitting and denial and seems to be a major protective mechanism involved in denial of pregnancy, at least when no mental disorder exists. Interpersonal attachment centered psychotherapy may then be helpful to resolve grief and to avoid repetition. We are planning a controlled longitudinal research to test this hypothesis.

P60 Child maltreatment risk: Associations with mothers' representations of childhood attachment and caregiving

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Introduction: Contemporary child maltreatment models view risk as associated with a complex constellation of factors including parents' experiences of trauma, poor emotion regulation, and high parenting stress. Attachment research has shown that mothers' childhood attachment and caregiving "assaults" places children at developmental risk. Yet there is little research that examines mothers' representations of these experiences and self as a caregiver as related to maltreatment potential.

Aims of the Study: The study aim is to examine the contributions of and associations between child maltreatment risk and maternal attachment and caregiving dysregulation: mothers' childhood attachment representations (classification, integrated self, pathological mourning), caregiving representations, emotion dysregulation, and parenting stress.

Methods and Materials: Eighty mothers with children between 18 and 71 months (61% girls) from diverse socio-economic and cultural backgrounds completed assessments of child maltreatment risk (CAPI), attachment (Adult Attachment Projective Picture System; Attachment Trauma Questionnaire), caregiving (Caregiving Experiences Questionnaire), emotion regulation problems (DERS), and parenting stress (PSI-SF).

Results: There were no risk differences between mothers with organized vs. unresolved adult attachment classifications. Rather, risk was significantly associated with pathological mourning; mothers with chronic pathological mourning demonstrated the highest maltreatment risk. Forty eight percent of this association was accounted for by the integrated attachment self (AAP assessment of integrated self as independent of attachment classification group). Mothers' representation of childhood attachment trauma, caregiving commitment to the child, emotion regulation problems, and parenting stress were also related to risk in the predicted direction.

Conclusions: These findings punctuate the association between maternal mourning of attachment trauma and child maltreatment risk. Findings point to the importance of the capacity for representational integration of childhood attachment experience as a mediating mechanism that can interrupt intergenerational transmission of attachment dysregulation in the context of current parenting stress and maternal emotion regulation problems.

P61 Attachment representation of students studying early childhood pedagogy at the beginning and end of their studies

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Introduction: The ability to reflect on one's own attachment experiences and the sensitivity of the pedagogic students are very important in their training as professional pedagogues. Since August 2013 in Germany all children (from their 12th Month) have the right to have a place in a daycare center, therefore there is a great need of professional pedagogues. Using the knowledge of attachment theory in the study of pedagogy is essential.

Aims of the work described: The aim of the study is to investigate the attachment representation (Adult Attachment Projective - AAP) of students studying pedagogy. The core questions are:

- 1) Do the pedagogy students from two different applied science universities distinguish themselves regarding their attachment representation at the beginning of their studies?
- 2) Have changes in attachment representation developed after an intervention and at the end of studies? This includes intensive work on attachment relevant topics and self- reflection of one's own attachment representation.

Conclusion: At the beginning of the study the portion of students with secure attachment representation was very low in both groups and the portion of insecure and unresolved attachment representation was high. In the control group without a self-reflection seminar about the student's own attachment, representation the portion of insecure and secure (organized insecure and unresolved) attachment representation remained nearly the same between the two measurements. In the intervention group with a self-reflection seminar there were significant changes in the attachment representation status of students. The portion with secure attachment status increased significantly.

P62 Attachment and development in foster children: a prospective and longitudinal follow-up at 8 years

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Introduction: Foster care is a frequently used option when children cannot stay with their biological parents. Attachment, cognitive development and socio-emotional functioning may be challenging developmental themes in such foster children. **Aim:** The aim of this longitudinal study is to investigate young foster children's attachment and development over time in order to be better able to help the children into healthy developmental pathways. **Methods:** In the earlier study, 60 foster children and 42 comparison children were observed 2 years of age and most of them again at 3 years. The following methods were used at both time points: the Strange Situation Procedure, the Mullen Scales of Early Learning and Infant Toddler Social-Emotional Assessment. **Results:** The results showed that most foster children were securely attached and no group

differences were identified at both time points, and most of those securely attached at 2, remained so one year later. Further, their cognitive development and socio-emotional functioning were within expected age norms, though they were significantly behind the comparison children. The main aim of the follow-up at age 8 is to investigate if the promising development of these foster children will continue at an age where the children are experiencing increased challenges. Further, if the differences in cognitive development and social-emotional functioning will persist and maybe interfere with school functioning. The data collection started in 2015, and will be completed in 2016. Among others, the following measures are being used: Manchester Attachment Story Task, WISC-IV, CBCL and SDQ. **Conclusion:** At the time being, no results are available. However, the early positive results give hope to the possibility for these children, if placed in stable high quality foster care, to remain on a positive developmental pathway.

P63 Can you regulate negative emotions if you experienced attachment parenting (AP)? Association between AP and preschool children's behavioral and autonomic stress responses to an infant cry

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It has been argued that the practice of Attachment Parenting (AP) techniques like extensively body contact, co-sleeping, carrying, promptness or breastfeeding in infancy and toddlerhood has positive impact on children such as better emotion regulation. It has been shown that single factors of this parenting style have positive outcomes for infants such as the reduction of crying, at least in short term (Esposito et al., 2013, St James-Roberts et al., 2006), but not much is known about its longterm impact. In this study we investigated whether early care predicted preschool children's stress responses in an experimental situation.

Therefore, behavioral and physiological stress responses of 57 preschoolers were assessed when children were alone in a room watching a 12-week-old female crying baby on a tablet which was disguised as a baby phone. The *Baby Cry Paradigm* was embedded in the examination situation and the child was told that the experimenter had to take care of a friend's baby, which sleeps in a room upstairs. The baby phone were used to see, hear and talk to the baby. The cry stimulus was a constant cry of 2 minutes. Children's stress responses were videotaped. A portable electrocardiograph (ECG) device was used to measure children's autonomic response. Two observers rated children's behavioral stress responses (e.g. soothability). An index for Attachment Parenting practices in infancy and toddlerhood was computed. Maternal sensitivity was assessed with the Situation-Reaction Questionnaire (Hänggi et al., 2010).

Data will be analyzed by using path analyses. We will specifically analyze whether associations between early experiences (AP and sensitivity) and physiological and behavioral stress responses are mediated by children's soothability. Preliminary analyses show that children's observed soothability during the experimentation tends to be associated with lower behavioral stress response. More experienced AP (promptness, body contact, avoidance of separation) was associated with less distress.

P64 Birth and motherhood: Attachment representations and the subjective experience of childbirth

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Introduction: Women's perceptions of their childbirth experiences, including social support and perceived control, forecast mothers' view of their babies and themselves as caregivers. Thus, it is important to identify factors related to women's subjective birth experience. Parity (number of times a woman's given birth) and mode of delivery can predict this subjective experience, but not entirely. Bowlby suggests an individuals' attachment system is activated during distress. The pain and difficulty of childbirth is stressful enough that it likely activates women's attachment systems, such that their attachment representations will be related to their subjective birth experience. This study assessed how different aspects of attachment representations (e.g., perceived availability of attachment figure) relate to women's subjective birth experience.

Aims: This study examined relations between attachment representations, subjective childbirth experience, mode of delivery, and parity.

Material/Methods: Participants were 257 mothers who had given birth within the past 12 months. Cross-sectional data were collected via internet survey. Mothers completed questionnaires on birth experience (adapted from Green, Coupland, & Kitzenger, 1999) and attachment representation (Reciprocal Attachment Questionnaire; West & Sheldon-Keller, 1987).

Results: Hierarchical regression analyses indicated perceived availability and feared loss of attachment figure were the most important aspects of attachment representation for women's perceptions of control and social support during labor and delivery, the accuracy of their expectations, and their satisfaction with the birth overall. This finding held across the sample. However, specific subscales varied by parity and mode of delivery (e.g., feared loss was more important for primiparas who had cesareans, perceived availability was more important for multiparas who delivered vaginally).

Conclusions: This study is one of the first to identify how attachment representations, parity, and delivery mode are related to mothers' perceptions of birth experiences. Clinicians should be aware of the potential impact of attachment on women's birth experiences.

P65 Risk factors of maternal bonding disorder: a longitudinal study

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Introduction: Bonding disorder is defined as a lack of maternal feeling as well as, irritability and hostility toward one's child. Many studies have reported that prolonged postpartum depression (PPD) has an adverse effect on the mother-infant relationship. However, the association between bonding disorder and prolonged PPD has not been investigated.

Aims of the study: To identify risk factors to bonding disorder three months after delivery and the association between prolonged PPD and bonding disorder.

Material and Methods: A total of 843 mothers with a mean age of 29.48 years ($SD = 5.04$) participated. Mothers completed the Edinburgh Postnatal Depression Scale (EPDS) both one month and three months after delivery, and the Postpartum Bonding Questionnaire (PBQ) in three months after delivery. Depending on the EPDS score at one and three months, the following four subgroups were created: no-PPD ($n = 996$), PPD only at one month ($n = 41$), PPD only at three months ($n = 27$), and PPD at both one and three months ($n = 33$).

Results: Logistic regression analysis revealed that, PPD at both time points was indicative of the most significant risk of bonding disorder (OR = 38.50). PPD only at three months (OR = 18.12) and PPD only at one month (OR = 8.69) were also high risk. Furthermore, a high mother's age (OR = 1.07) and primiparity (OR = 2.40) were significant predictors of bonding disorder.

Conclusions: Prolonged PPD was the most significant risk factor for bonding disorder; PPD at only one month or three months were also considered risk groups. Assessment for PPD is needed to identify mothers at risk of bonding disorder.

P66 Association of prenatal attachment and infant outcomes at around two years of age.

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Introduction: Recent studies have reported associations between postnatal attachment and developmental, behavioral and emotional outcomes but the effects of prenatal attachment on development and emotional well being at infancy and early childhood are not as widely studied.

Aim: This cohort study assess the effects of prenatal attachment on the duration of breastfeeding, development, social-emotional well being during early childhood along with effects on parental attitudes.

Subjects and Method: Participants were 142 mothers and their infants aged between 21-31 months (mean±SD=25.6±2.32 months). Along with sociodemographic data form, Parental Attitude Research Instrument (PARI) were applied to mothers, whose prenatal attachment at 28-40 week gestation have been assessed using Prenatal Attachment Inventory (PAI). Brief Infant and Toddler Social Emotional Assessment (BITSEA) and Ankara Development Screening Inventory (AGTE) were applied to the participating children.

Results: Infants of the mothers who had higher levels of prenatal attachment had higher total development levels measured by AGTE and higher competence levels measured by BITSEA at the age of 21-31 months (p=0.004 and p=0.025, respectively). Infants with developmental delay had significantly lower prenatal attachment scores (p=0.004). Multiple regression analysis revealed prenatal attachment quality significantly predicted better developmental levels, emotional and social competency in infants at the age of 21-31 months ($\beta=0.289$, p=0.002 and $\beta=0.081$ p=0.014, respectively). Duration of breastfeeding was not significantly associated with prenatal attachment scores.

Conclusion: Infants of mothers, who have been highly attached to their fetus during the prenatal period, had increased emotional, behavioral competence and better developmental outcome around 2 years of age. Enhancement of prenatal attachment may be promising for better developmental outcomes and emotional competency for the infants.

P67 Baby, it's not you, it's me: attachment, empathy, and interpretation of infant cues

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Attachment representations are transmitted intergenerationally from the primary caregiver to the infant, however, little is known about the process by which this intergenerational transmission occurs. Caregivers' ability to read infant cues accurately is important for the development of infant regulatory capacities and secure attachment formation. One potential pathway in the intergenerational transmission of attachment is caregivers' empathy which may impact interactive reciprocity. Britton and Fuendeling (2005) found an association between attachment

representations and emotional and cognitive components of empathy: empathic concern, personal distress, perspective-taking, and fantasy. Thus, components of empathy may be differentially associated with interpretation of infants' cues and result in miscommunication. The present study replicates Britton and Fuendeling's (2005) findings on adult attachment and components of empathy, and extends the investigation to interpretation of infant's cues. Adult participants completed self-report measures of attachment avoidance and anxiety, empathy, and interpreted images of infants' cues (NCAST; Sumner & Spietz, 1994). Attachment anxiety was negatively correlated with accuracy of interpreting engagement cues. Empathic distress moderated the association between attachment anxiety and accuracy of interpreting engagement cues. Caregivers with anxious attachment representations may respond inconsistently or inaccurately to their infants. This lack of attunement may promote the intergenerational transmission of anxious-ambivalent attachment. These results suggest the importance of empathy in understanding anxious caregivers' ability to see, understand, and interpret infant cues to promote interactive reciprocity. Attachment anxiety coupled with empathic distress can be the focus of interventions to facilitate accurate interpretation of infant cues. These may promote appropriate responses from the caregiver, attunement, and enhance infant regulatory capacities.

P68 Mothers versus researchers - Results of a German version of the Toddler-Attachment-Sort-45-Item (TAS-45)

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Introduction: Measuring Attachment in early childhood has been a challenge for attachment researchers for many years. The Attachment-Q-Sort (AQS) by Waters & Deane (1987) was a big step for a broader age. But still there are some disadvantages like the extensive sorting procedure of the 90 items of the AQS. The Toddler-Attachment-Sort (TAS) was developed by Dr. Kirkland and Dr. Bimler for the Early Childhood Longitudinal Survey, Birth Cohort (ECLS-B) in the USA as a shortened version with 45 Items of the original AQS for the measurement of attachment of nearly two year olds. A German version of the TAS was developed and tested on a sample (N=50) of 18 month old children.

Aims of the study: Purpose of the study was to validate if there would be a significant difference between the results of a German version of the TAS and to compare the attachment classification and hotspot profiles sorted by parents or by researcher.

Material and Methods: The 45 Items are sorted by the parents of the child and by trained researchers after a 2-hour visit at the families into four even piles from most characteristic to least characteristic and a residual/not observed pile. The procedure produces an attachment classification (A, B, C or D), a security score and a dependency score like the AQS and a hotspot-profile for 9 clustered hotspots of the TAS.

Results and Conclusions: The analyses are still in progress and will be presented at the Congress. Preliminary results show that parents tended not to sort in even piles although they were allocated to do so, whereas researchers stuck to the instructions.

P69 Holding the child and mother together in pediatric ward: a relationship-focused intervention of a boy with oppositional defiant disorder and eating disorder, and his mother with chronic anorexia nervosa with unresolved trauma and loss

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Introduction: Mothers with Anorexia Nervosa(AN) with unresolved psychological conflicts, have difficulties in childcare especially in the feeding situation. In treating problems of children raised by mothers with AN, intervention on the mother-infant relationship and mother's psychopathology are essential.

Method: We treated the child and mother as a unit in the pediatric ward and outpatient clinic. We studied progress note and conference records and scrutinized the course and narratives.

Description: We report on the dyad of a boy and his anorectic mother. The boy suffered from oppositional defiant disorders, reactive attachment disorder, refusing to eat when mother was attending him. Phase1: Crisis intervention. Ken, a 4-year old boy cursed his mother and wished her to be dead. His mother embraced a suicidal idea. In this crisis we admitted the dyad together in a room, intensively caring for and containing them in our pediatric ward. We gently and carefully intervened on the disturbed relationship. During the admission mother became aware that Ken's eating problems reminded her of her AN in adolescence, which led her to project her trauma onto Ken. Phase2: Mother's reflection. The mother confided to us her family trauma and her first husband's death. Her own mother had been domineering. Through such awareness she gradually retrieved her true self. Phase3: Reattachment. This change in the mother led Ken into therapeutic regression, through which he could reestablish a stable attachment with his mother. As her conflicts were only partially resolved, Ken's condition fluctuated in response to the her mental states.

Conclusion: Ken's abnormal eating attitude revealed intergenerational transmission of familial and maternal pathology. Through a focus of intervening the mother-child relationship and providing an opportunity to re-experience infancy again in the pediatric department, we were able to directly cope with the relationship disorder saving both the child and the mother.

P70 School-Age Assessment of Attachment: an analysis of non-verbal behavior using Dr. Notes

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Procedures to assess attachment in school-age are mainly based on verbal responses and are carried out in conditions of relative security, implying some reliability and validity problems. In particular, the assessment in these children presents particular difficulties related to the specific characteristics of this stage of development—such as the different use of verbal and non-verbal communication and the particular display of facial expressions and behaviors related to their inner emotional states. The School-age Assessment of Attachment (SAA) (Crittenden, 1997-2005) is a semi-structured clinical interview that assesses self-protective strategies in children from six to thirteen years following the Dynamic-Maturational Model of attachment and adaptation (DMM). The procedure consists of a set of cards regarding increasing levels of threats that school-age children frequently face. The interview is usually audio recorded, and the classification of the transcript is based on the observation of the child's behavior and a discourse analysis derived from the Adult Attachment Interview. Adding the video to the transcript improves the classification

process by benefiting from para-verbal and non-verbal information— such as the display of false-positive affects in dismissing (Type A) children or the emphasis of negative feelings in preoccupied/coercive (Type C) children, and somatic response. An example of a videotaped SAA of a clinical case will be displayed using Doctor Notes® (Telpress International, 2015), an application originally developed for audiovisual analysis and classification of information that can provide specific tags and a set of buttons for SAA coding. SAA represents a bridge between infant observational procedures and verbal interviews with adults, evidencing the utility of integrating a careful behavioral analysis with the coding process. Using Dr. Notes, the process of transcription based on the video analysis allows a more accurate detection of para-verbal and non-verbal behavior offering researchers and clinicians more information for the attachment classification.

P71 Attachment, disrupted caregiving and metacognition: A psychophysiological and socio-emotional study in infants and mothers.

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Introduction: The study of the interplay between attachment, caregiving and sensitivity to stress is a fundamental aspect to explain early and later psychopathology. Many studies about the psychophysiology of attachment used to be centered around the assessment of the infant, but rarely comparing with the stress reactivity of the mother.

Aims of the study: 1) To analyze psychobiological sensitivity to stress in infants and mothers according to pattern of attachment, disrupted caregiving and metacognition; 2) to explore the relationship between sensitivity to stress between infants and their mothers, controlling metacognition, mental health, attachment and disrupted caregiving.

Material and methods: In the project, a study is proposed with a sample of 100 mother-infant dyads, with infant ranging in age from 16 to 22 months, in 2 stages: 1) The mother will be invited to participate in an experimental test of interpersonal stress induction (Kirschbaum et al., 1993), where her sensitivity will be assessed using psychophysiological parameters (salivary cortisol). Also a Laboratory Procedure to measure Cognitive Metacognition will be assessed in mothers (Reyes et al., 2015). Stage 2. The participant will return with her infant to undergo the Strange Situation Procedure (Ainsworth, Blehar, Waters & Wall, 1978), and also the level of communicative-affective disruption in the caregiver will be assessed (AMBIANCE procedure, Bronfman et al., 1993) as well as the child's endocrine stress response before and after the procedure (salivary cortisol). Finally, in both stages the mental health of the infants (CBCL 1 ½ - 5, Achenbach & Rescorla, 2000) and of the mothers (SCL-90-R, Derogatis, 1975) will be evaluated.

Results and Conclusion: Preliminary results will be obtained in March 2016.

The results will be discussed in light of the proposal of a model of sensitivity to stress and attachment, in order to explain infant psychopathology.

P72 Two contrasting strategies in psychotherapy with infants and parents: attachment-mentalization based and multimodal parent infant psychotherapy

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Objectives: This workshop contrasts two models of intervention in infant mental health and illustrates such interventions with several vignettes of video material for discussion by the presenters and the audience. One is based on attachment theory and human ethology and the therapeutic interventions are guided by its tenets. The “multimodal” approach is focused on practical, cognitive and behavioral interventions with infants and parents, and uses a “psychodynamic psychiatric” framework for diagnosis and intervention, and addresses the problems in the parents and their stressors.

Material and methods: Through a review of several clinical scenarios, the presenters will focus on the differences in conceptualization and framework of the clinical situation, and then contrast their strategies for intervention. What would an “attachment-based” therapist do and what would a “multimodal intervention” clinician do faced with the same problem?

Results: Faced with the same narrative and videotaped clinical scenario, the presenters confront and defend their approaches. In the attachment based intervention there is less emphasis on “diagnostic categories” and classifications, and the situation is seen in a “naturalistic” and evolutionary point of view. The therapist assist the parents in thinking about the stress regulation abilities of the baby and favors interventions that promote closeness and reduces stress and overwhelming anxiety. In the multimodal approach the therapist may induce stress in the parents or the infant, to arrive at an “optimal level of anxiety” or even aggression in order to help change the expressions and ways of interacting between parents and infants. There is more emphasis in the “here and now, practical interventions and systemic issues are examined (the family, the marital unit, etc.) The pros and cons of different approaches the indications and contraindications of each approach discussed. Therapeutic flexibility is essential to adapt the intervention to the nature of the problems at hand.

P73 Broken-home experiences and attachment deficits: Can public child care compensate?

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Broken-home experiences often hinder formation and maintenance of attachment security, especially in children of disadvantaged families. Caused by the life situations and adverse attachment experiences, these children are frequently faced with stress which none of the attachment figure in the family helps to cope with. Research on resilience, however, has been detecting ways to work against these circumstances which had been determined as health risks. From this framework, the present study asks whether out-of-home care might be able to compensate for deficits in stress and attachment. We explored how the children’s attachments towards the principal care providers in public child care centers might affect the capability of children to regulate stress. The sample was recruited from socially disadvantaged areas in Saxony-Anhalt/Germany where the domestic situation of $n=30$ children aging between 1 and 6 years had been seriously affected by diverse family problems (high-risk). Thirty children from neighboring middle class areas served as comparison (low-risk). High-risk mothers were mainly unemployed, single parents with frequently changing partners, and reported dissatisfaction with their living conditions. Their children scored lower on cognition (Bayley Scales/K-ABC), but scored

higher on behavior problems (CBCL) than the children from the low-risk sample. We observed child attachments towards the mothers and the principal care providers using the Attachment-Q-Sort. Child stress regulation was measured based on multiple saliva samples in order to extract the stress hormone cortisol: four saliva samples were taken on a Friday and on the following Sunday and Monday. High-risk children indicated better attachments towards their care providers than their mothers while low-risk children were better attached towards their mothers than their care providers. Moreover, high-risk children also displayed elevated cortisol levels throughout all days. Most notably, the attachment to the care provider in public child care appeared to down-regulate the stress of the children.

P74 Infant's attachment representations on a french multi-risk sample: contributions from the CAPEDP-A follow-up project

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Quality of attachment relationships is believed to be an important early indicator of children mental health. Bowlby (1973) argued that the mechanisms mediating early attachment security and later adaptive functioning were internal working models of the attachment figure, the self, and the self in relation to others. Home intervention programs, targeted on attachment security, have recently been implemented in several contexts and proved their efficacy (Bakermans – Kranenburg, Van IJzendoorn, Juffer, 2003). CAPEDP is the first controlled French study on early prevention, based on attachment principles, aiming to reduce the incidence of children mental health problems in a sample of 440 multi-risk mother-infant dyads. The CAPEDP-A (Attachment) study phase II is a follow-up study aiming to assess attachment quality on a subsample of 100 of these families when children were about 48 months of age.

Aims: We aim at evaluate the effects of the home-visiting programme on children's attachment working representations.

Method: Within the context of the CAPEDP-A II project, the attachment representations of 100 children were assessed with the Attachment Story Completion Task (ASCT).

Results: All data are collected and coded, but blind double coding, for 30% of the sample, and statistical analyses, is still in progress.

Discussion: We'll discuss results in light of the importance of studying representational processes on children's attachment and its interface with therapeutic changing processes.

P75 The influence of parental reflective functioning on children's attachment security at age 7

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Introduction: Maternal Reflective Functioning has been shown to play a role in the intergenerational transmission of attachment security. Good maternal ability to understand her own and infant mental states is associated with infant secure attachment status. Low levels of maternal reflective functioning is associated with insecure attachment status (Slade, Grienberger, Bernbach, Levy, & Locker, 2005).

To date little focus is given to the influence of paternal reflective functioning on infant attachment. Additionally, the effects in mothers were so far only examined when children were approximately 14 months (e.g. Slade, Grienberger, Bernbach, Levy, & Locker, 2005). Therefore, we examine paternal and maternal reflective functioning alike and focus on middle childhood.

Aims of the study: Our aim is to assess the impact of parental reflective functioning on infant attachment security at age 7. We especially focus on the common and differential influences of maternal and paternal reflective functioning.

Material and methods: In a non-clinical subsample of approx. N=15 fathers and N=19 mothers of an ongoing longitudinal study parental reflective functioning was assessed using the short version of the Parent Development Interview (PDI Short Version; Slade, Aber, Berger, Bresgi, & Kaplan, 2012). The PDI was coded by a blinded and reliable coder using the Addendum to Reflective Functioning Scoring Manual (Slade, Aber, Berger, Bresgi, & Kaplan, 2012). Reflective functioning and infant attachment status were both assessed at the child's age of approximately 7 years. The story stem GEV-B (Gloger-Tipelt & König, 2009) was used to assess infant attachment status and was coded by a blinded and reliable coder.

Results: Data will be analyzed using logistic regression and results regarding the subsample will be presented.

Conclusions: We will discuss the effect of maternal and paternal reflective functioning on children's attachment security at age of 7 years.

P76 Intergenerational pathways from reflective functioning to infant attachment through parenting

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Introduction: Mentalization about attachment relationships is theorised to be particularly important in the transition to maternity and to have implications for infant attachment, but empirical evidence remains scarce with only one previous study demonstrating a link between mothers' mentalization about their own early attachment relationships and infant attachment.

Aims: The aim of this prospective study was to examine temporal pathways from mothers' reflective functioning through parenting to infant attachment measured more than 16 months later.

Methods: Participants were 88 mother-infant dyads from demographically diverse backgrounds and including a group of mothers with histories of childhood maltreatment. Reflective Functioning was assessed using the RF rating of the Adult Attachment Interview before the birth of the baby. Parenting was assessed when the infants were 6 months old using the Maternal Sensitivity Scale, as well as when they were 16 months using the Disconnected and Extremely Insensitive Parenting Scale. Infant attachment was assessed when the infants were 16 months old using the Strange Situation.

Results: As hypothesized, the study findings showed that mothers' mentalization regarding their own early attachment relationships was associated with later parenting and infant attachment. Negative parenting behaviours explained the link between mothers' RF about their own attachment relationships and both infant attachment disorganization and infant attachment insecurity.

Conclusions: The findings suggest that mothers' mentalization about attachment relationships has important implications in the transition to becoming parents themselves. Mentalization appears to be particularly important in helping mothers screen and inhibit negative parenting behaviours that would otherwise undermine infant attachment security and organization. In sum,

the findings indicate that mentalization fosters the development of attachment relationships where infants can trust that they will be safe and understood, because an orientation where the impact of the relationship on the infants' subjective experience is considered, helps parents modulate aggressive and negative reactions.

P77 Quality of infant-caregiver interactions in daycare: impact of non-parental caregivers' attachment representations and mental well-being

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Introduction: Research on the impact of childcare on child development has to a very little extent focused on the influence of the individual attachment experiences and psychological health of non-parental caregivers in daycare. Although numerous documented for mother-child interactions (e.g. Holmes & Lyons-Ruth, 2006) the influence of caregivers' attachment representations and their mental well-being on the quality of infant-caregiver interaction has so far been scarcely studied (Constantino & Olesh, 1999; Hamre & Pianta, 2004).

Aims of the study: The aim of the study was to investigate if non-parental caregivers' attachment representations and mental well-being predict the quality of infant-caregiver interactions.

Material and Methods: A non-clinical subsample of 27 non-parental caregivers (Mage= 33.6 years, range= 20-57 years) was examined. The Adult Attachment Projective Picture System (George & West, 2012) was employed to assess attachment representations and the Symptom Checklist-90 Revised (Franke, 2002) to evaluate mental well-being. Infant-caregiver interactions (N=40) with infants between 10-33 months were videotaped approximately 5 months after admission to daycare and examined using the Emotional Availability Scales (Biringen, 2008).

Results: Hierarchical multiple regression analyses were used accounting for caregivers' age, infants' age and infants' sex in the first block. Significant effects were found for the relationship between caregivers' attachment representations and their hostility: secure caregivers were less hostile than insecure ones ($\beta = .34$, $p \leq .01$). Lower mental well-being was associated with higher child involvement ($\beta = .30$, $p \leq .01$).

Conclusions: Non-parental caregivers' attachment representations and mental well-being seem to have an impact on the interaction quality. One future aim is to examine, whether non-parental caregivers' attachment representations and mental well-being has an impact on infants' attachment quality regarding the caregiver.

P78 Guideline for mentalization based counseling for children, adolescents and adults with problematic attachment with visual and /or intellectual disability

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Introduction: Challenging behavior and attachment disorders increase the risk for dysfunctional mentalization. Mental disorders and challenging behavior are frequently mentioned e.g. 40 % (Dekker & Koot, 2004) and 30-50% (Dosen, 2014) among persons with intellectual disability (ID). In a group of persons with ID, behavioral problems and a visual impairment, 60% also showed problematic attachment (Stolk et al., 2010). We developed a practical guideline for parents and professionals in the field of care for children and adults with a visual and ID. The Mentalisation Based Counselling (MBC) is built upon the Mentalisation Based Therapy (MBT) developed by Bateman & Fonagy (2012).

Aims: The goals of our project are: 1) to develop a practical guideline for Mentalisation Based Counselling for parents and professionals 2) to translate and adapt this promising method to the field of clients with a visual impairment and/or ID, a problematic attachment and challenging behavior.

Description of the project: We made a practical translation of MBT in 5 chapters. We used the same format in every chapter: Short theory; What is the opposite?; Practical examples; What does this mean for the caregivers?; Practical tips; Summary; How do you do this in your practice? Caregivers experience stress because of challenging behavior. In the toolbox of interventions we give practical tips for caregivers to cope with their stress and to retain their capacities for mentalisation. We specify interventions when clients has low and high stress.

Conclusions: The guideline is now used in practice by caregivers in the field of children and adults with a visual impairment and/or ID and challenging behavior. Research on the effect of the use of the guideline is needed.

P79 Physiological Reactions to Anxiety Provoking Stimuli Girls Adopted from China

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Introduction: Separation anxiety is a normative developmental milestone subsiding around age two, when children realize that separation does not pose a threat. However, for adopted children who have experienced institutionalization at early stages of life and have not formed attachment relationships until later, separation anxiety may continue into adolescence. This may happen for example, when there is a separation from a parent or parent-figure or disruption to their normal family routines.

Purpose: This study was to examine physiological and verbal responses of three groups of preadolescent girls to four scenarios describing and illustrating child-caregiver separations with increasing intensity (Scenario 1: First day of a new school; Scenario 2: Leaving for summer camp; Scenario 3: Parent(s) taking a 2-week vacation; Scenario 4: Mother going to the hospital).

Participants: The sample included 62 girls (adopted: $n = 27$, non-adopted Caucasian: $n = 16$, and non-adopted Chinese-Canadian: $n = 19$) ages 11 to 13 ($M = 11.10$, $SD = 1.00$). We used Separation Anxiety Task (Farnia et al., 2012) and measured pulse rate (PR), blood oxygenation (SpO2) and verbal responses of the participants to caregiver separation scenarios.

Results: There were no significant differences in pulse rate or the level of SpO2 across scenarios or across groups. Therefore, we collapsed data from the three groups. Results indicated that pulse rate level in scenario 2 (Leaving for summer camp) was significantly higher than scenario 4 (Mother going to the hospital). Blood oxygenation was significantly lower in scenario 4 indicating a higher level of arousal when children were exposed to severe anxiety-provoking stimuli.

An examination of physical and verbal responses indicated that the question 'What will happen next?' in scenario 4 was highly associated with a decrease in SpO2, suggesting that future-oriented thinking about a stressful situation is anxiety inducing in preadolescent girls.

P80 Attachment in a sample of children with regulation disorders of sensory processing

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Introduction: The diagnosis of Regulation Disorders of Sensory Processing (RDSP) demands the presence of: sensory processing difficulties, motor difficulties and a specific behavioural pattern.

Caregivers have an important role because they can help modulate the child's behavioural responses to sensory input. On the other hand, symptoms have been shown to affect the individual relationships as well as the family engagement in personal and social routines. In our clinical practice, we often observe dysfunctional dyadic relationships involving children with RDSP, leading us to think that this may be a population at risk, but the studies concerning this subject are scarce. A previous study conducted in our department showed that more than a half of the children with a RDSP diagnosis showed a non adapted relationship with their primary caregiver. Our aim is to describe the type of attachment to the primary caregiver in a sample of children followed in our department with a RDSP diagnosis.

Description: Firstly, we consulted the clinical files of children diagnosed with RDSP according to the DC: 0-3R criteria, admitted at the Early Infancy Unit of our Department of Child and Adolescent Psychiatry between January 2013 and May 2015, aged from 0 to 25 months. Sociodemographic and clinical data were collected through the revision of clinical files. Attachment classifications were based on the Strange Situation Procedure Attachment and included: secure, avoidant, resistant and disorganized. The clinical sample consisted of 22 children, mostly boys, aged under 25 months. Results are still under analysis.

Conclusion: Considering the relational difficulties inherent to children with RDSP, the authors expect to find mainly cases of non-secure attachment. These carers face an increased challenge raising their children and mental health services should provide them with tools to improve their interaction and well being.

P81 Infant attachment and maternal sensitivity in the Arab minority in Israel

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Several attachment studies among the Jewish majority in Israel have been carried out to date, but no studies of the Arab minority in Israel, indeed, in the Arab world in general, have been conducted. The aim of the present study was to fill this lacuna by investigating infant-mother attachment relationships among Arabs living in Israel, and to test the applicability of central propositions derived from attachment theory in a culture not studied before. Furthermore, using well-established measures of both attachment and maternal sensitivity in a different ethnic context can enrich our cross-cultural insight on attachment.

Based on extant cross-cultural research (e.g., Van IJzendoorn & Sagi-Schwartz, 2008) it was hypothesized that the distribution of Arab attachment classifications won't differ from those in many other countries, including comparable Jewish samples. It was further hypothesized that the link between maternal sensitivity and attachment security found in many samples across nations, including Israeli-Jewish samples, are similar in an Arab sample.

A sample of 85 Arab mother-infant dyads was recruited. Attachment was assessed using the Strange Situation Procedure (Ainsworth, Blehar, Waters, & Wall, 1978), and maternal sensitivity was assessed using the Maternal Behavior Q-sort (Pederson & Moran, 1995). Supporting attachment theory's normativity hypothesis no differences were found between the Arab-Israeli attachment distribution and Jewish-Israeli, western, and non-western distributions when examined at the 2-way secure versus insecure level, although a few differences emerged when at the 4-way ABCD level. Supporting the sensitivity hypothesis mothers of secure infants were more sensitive than those of insecure infants, but only in the case of Christian (but not Muslim) mothers. The findings provide additional support to attachment theory's generalizability, but raise questions regarding the assessment of maternal sensitivity cross-culturally.

P82 Parent-child attachment quality as related to stress regulatory functioning in toddlers

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Objective: Activation relationship theory serving as a complement to Bowlby's attachment theory has been proven fruitful in recent researches, according to which fathers contribute to the development of children's emotional regulatory system (e.g. by encouraging of risk taking during children's exploration).

Aims of the study: Main interest of this study was to examine the impact of global and specific aspects of both mother-child as well as father-child attachment, assessed via the Attachment-Q-Sort technique, on the children's stress regulatory functioning, depicted by children's diurnal cortisol profiles.

Material and Methods: In a sample of 114 children with age ranging from 12 to 40 months, multilevel growth curve modeling was utilized to examine the impact of parent-child attachment on properties of children's diurnal cortisol profiles. For each child up to eight salivary cortisol samples have been acquired for up to two days, resulting in a total of 532 cortisol samples.

Results: Overall father-child attachment quality was associated with children's cortisol level, such that children with more secure attachment to their fathers showed less overall cortisol secretion, whereas mother-child attachment quality was not related. Furthermore, specific aspects of attachment quality for both parent-child dyads were associated with the shape of children's diurnal cortisol profiles (e.g. *loving communication* for father-child and *demanding attention* for mother-child relationships).

Conclusions: Fathers effect children's stress regulatory system, as indicated by the overall reduction of cortisol stress hormone release with more secure father-child attachment. It is argued that fathers, mediated through a secure father-child relationship, have an effect on the children's perception of potential stressors, which is in accordance with activation relationship theory. In addition, specific facets of both mother-child and father-child attachment quality do influence the shape of diurnal cortisol profiles, which, due to the complexity of the associations, are discussed using graphical representations.

P83 Attachment traumatizations in infancy: Challenges, treatment approaches and results

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Treatment of children with traumatic attachment relationships during infancy is a great challenge for psychotherapists and educationalists. These children are often very hesitant to enter into a therapeutic alliance and tend to break off outpatient treatment. In addition, child and adolescent psychiatric treatment that focuses on psychopharmacotherapy does not achieve long-term change. Problematic behavior characterized by aggression, depression, or fearfulness; dissociative episodes; or self-mutilation against a backdrop of attachment disorders may be very pronounced and represent a major challenge to the therapeutic team. We have developed an inpatient treatment concept for these children in the form of a psychotherapeutic intensive care unit. We have seen impressive changes in children and their attachment figures using the MOSES® therapy concept. This presentation will discuss the treatment process using case examples with video demonstration. Changes during follow up in symptomatology and brain development will be presented.

P84 Infant's attachment, caregiver's sensitivity and caregiver's attachment: preliminary results of a study with institutionalized and fostered infants in Chile.

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Introduction: Bowlby (1969) defines attachment as a selective and stable emotional bond that the baby establishes with a special caregiver. The caregiver's characteristics, such as the maternal sensitivity and the adult's attachment strategies, are related to the quality of infant's attachment behaviors in infant-mother dyads. Some studies show that contexts of alternative care, like the institutional care or a foster family care, have an effect on the infant's attachment. We wonder if the caregiver's sensitivity and attachment strategies related to the quality of infant's attachment in a context of institutional or foster care.

Aims of the study: The aims are to examine the impact of the caregiver's sensitivity and attachment strategies on the quality of attachment behavior of children living in institutional care and in foster care in Chile. Our hypothesis proposes that infants in those contexts of care should build an attachment bond with one sensitive caregiver, who uses a non-avoidant and non-anxious attachment strategy.

Material and method: 36 dyads of infants (38.8% foster care) and their preferred caregiver participated in this study. The infant attachment was assessed with the Strange Situation Procedure, the caregiver's sensitivity with the Maternal Behavior Q-set and the adult attachment with the Experience in Close Relationship questionnaire.

Results: The security of the attachment of these infants is higher than the one reported in similar samples. The context of infant care has an effect on caregiver's sensitivity and is related to adult attachment, but is not related to infant's attachment. The caregiver's avoidant attachment strategy is related to the infant's attachment behavior.

Conclusion: Even if the context of care should have an impact on child attachment, perhaps this effect is mediated by the caregiver. Clinical interventions with this population should consider to work with the institutional caregiver and not only with the infant.

P85 Parents' Joint Attachment Representations & Caregiving: The Moderating Role of Marital Quality

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This study examined whether mothers' and fathers' joint attachment representations predicts their individual caregiving behavior. Adults' attachment representations are known to influence caregiving and the attachment statuses of partners in a couple, considered jointly, are associated with couples' marital quality. Less is known about the effect of couples' joint attachment representations on their individual caregiving quality. We examined this relation directly and whether marital quality moderates relations between parents' joint attachment statuses and caregiving. Couples (N=116), mostly Caucasian and middle-SES, were followed over the transition to first-time parenthood. Prenatally, the Adult Attachment Interview was administered to classify parents as Secure or Insecure and create Secure-Secure, mother Secure-father Insecure, mother Insecure-father Secure, and Insecure-Insecure pairs. Couples were videotaped for 30 minutes discussing three sources of disagreement. Marital observations were rated on dyadic attunement/flexibility. At 8 months, mothers and fathers were videotaped separately for 30 minutes playing, feeding and changing their infant's clothes, to assess caregiving.

Preliminary results indicate mothers' caregiving was not affected by pairings, but father's sensitivity [$F(3, 99)=3.54, p=0.017$], role reversal ($F=3.59, p=0.016$), and hostility ($F=4.88, p=0.003$) with the child was. Fathers in Secure-Secure pairs displayed greater sensitivity than Insecure fathers with Secure wives, and Secure fathers with Insecure wives had the most hostile father-infant interactions. Marital attunement/flexibility differed by attachment pairing [$F(3, 103)=7.74, p=0.000$]; mother Secure/father Insecure pairs receiving the lowest scores. Analyses examining whether marital quality moderates relations between attachment pairings and caregiving quality will be presented.

Findings underscore the value of looking at the effects of joint attachment representations on the marriage and caregiving. Fathers' attachment security contributed more to the marital quality than did mother's attachment status and father's caregiving was affected more by pairings than the care provided by mothers. The implications of these findings for preventive interventions will be discussed.

P86 Disorganized infant-mother attachment, family structure and risk factors: the Dublin Child Development Study revisited

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The 96 infant-mother dyads who took part in the present investigation constitute a subset of the Dublin Child Development Study, a small scale longitudinal study which began in 1985 and which has had 8 waves of data collections since its inception (Greene, Wieczorek-Deering and Nugent, 1995; Orr, 2013). Using data collected prenatally and at 18 months postpartum the present investigation addressed two main questions. First, is there a link between family structure and disorganised infant-mother attachment? Second, do low income, young maternal age and lack of maternal confidence moderate the link between family structure and disorganised infant-mother attachment? Participants came from predominantly lower socioeconomic class with diverse living arrangements and family backgrounds including 57 two-parent families and 39 single-mother families. Maternal age ranged from 14 to 32 years. Maternal confidence was rated by an examiner at 18 months. To assess the quality of infant-mother attachment at 18 months the videotaped data from the Strange Situation Test (SST) were initially classified based on the standard Ainsworth et al.; (1978) A/B/C categories (Wieczorek-Deering et al., 1991; Wieczorek-Deering, 1994). Subsequently the SST data were reclassified based on Sroufe's (1990) revised guidelines for classifying Ainsworth et al.; (1978) A/B/C categories in 18 months olds and Main and Solomon's (1990) procedures for identifying infant disorganisation/disorientation on a scale from 1 to 9 (Lonergan, 2000). The reclassified infant-mother attachment distribution was as follows: A (11.5%), B (68.8%) , C (8.3%) and D (11.5%). Univariate analyses using infant D attachment as a continuous variable indicated that infants of single mothers tended to have significantly higher attachment disorganisation than infants from married mothers. Disorganised infant attachment was also significantly associated with low income, young motherhood and lack of maternal confidence. Further analyses revealed that these risk factors tended to moderate the link between family structure and infant-mother attachment.

P87 Predictors and the longitudinal time course of posttraumatic stress during pregnancy and following childbirth

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Due to the relative recent interest in posttraumatic stress disorder (PTSD) after childbirth, only a limited number of studies that investigate its course over the medium to long term in both women and men have been published. The few existing studies report conflicting results, thus creating a need for prospective studies investigating PTSD during pregnancy and measuring onset of new PTSD cases after childbirth whilst taking previous history of trauma into account. In addition, there is a lack of research measuring risk factors during pregnancy that might predict the onset of PTSD after childbirth. This prospective study aimed to assess socio-demographic, psychiatric, social, cognitive, obstetric, and neonatal risk factors in order to predict postnatal PTSD both during pregnancy and at several time points after childbirth. Furthermore, the time course of PTSD and preceding acute stress disorder following childbirth and associations with maternal/paternal-infant bonding were assessed. Women and their partners were eligible to participate if they (or their partner) were in the third trimester of pregnancy and completed validated self-report questionnaires during the third trimester of pregnancy, and at 1 week, 1 month, and 6 months after childbirth. The data collection is still ongoing but results of the data analysis and their theoretical as well as clinical implications will be discussed.

P88 Impact of premature birth stress on child and mother attachment representation

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A premature delivery may be traumatic for parents, and have repercussions on mutual regulation of arousal within the parent-infant relationship and the infant's subsequent capacity for self-regulation. This stressful experience can disturb early interaction and interfere with mother-infant attachment quality. To our knowledge, there is no research concerning the long-term impact of the premature birth on attachment representation. By this way, the aim of this study is to better understand the long term impact of severity of premature birth and mother's posttraumatic stress symptoms on mother and child's attachment representation. Now nine-year-old very preterm (< 33 weeks) children's attachment representations were assessed with the Attachment Story Completion Task. To assess mothers' attachment representation, the Parent Development Interview was used. Severity of perinatal problem was measured with the perinatal risk inventory (PERI) at child's birth. Moreover, mother's posttraumatic stress symptoms were measured at 42 weeks through the PPQ (Perinatal Post-traumatic Stress Questionnaire). We expect that mothers with a high PPQ score will present more distorted representations than mothers with a low PPQ. We expect a similar impact on children attachment representation when the PERI is high (premature birth with more complication) in comparison with children with a low PERI score.

P89 Early olfactory exposition to Sterilium and emotional regulation 11 years after a premature birth: link with attachment representations and maternal post-traumatic stress symptoms

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During their first weeks of life, very preterm newborns grow up in an incubator that can be considered as an artificial environment compared to the mother womb. Because of the immaturity of the immune system, care procedures involve high standards of hygiene practices including the use of *Sterilium* (alcoholic solution) to disinfect the hands before getting in the incubator. The frequency of use leads to a significant amount of this solution steam in the incubator playing a not inconsiderable role in the sensorial impregnation during the first parent-infant interactions. This can impact the parent-child relationships, particularly because it happens during these critical weeks in terms of parental deep concerns about the infant's development and outcome. The purpose of this study is to explore how an olfactory impregnation during the first weeks of life can have long-term effects on the mother and child emotional reactivity during a secondary exposition to the same disinfection solution 11 years after the birth. Links with maternal post-traumatic symptoms during the first months after the premature birth as well as with other indicators of the mother-child relationships quality will be done. Forty very preterm born children (< 32 gestational weeks) and 20 full term and their mothers participated to the study 11 years after the premature birth. An olfactory protocol has been proposed and emotional reactivity of the participants has been registered in video. All sequences have been scored by 20 non-expert candidates in order to code the intensity and valence of the emotional reactivity. Attachment measures have been done through interviews coded with PDI (Parental Development Interview) and CAI (Child Attachment Interview). The preliminary data of this study will be presented including emotional reactivity of the mothers, post-traumatic stress symptoms and attachment quality.

P90 Prematurity, stress responses and oxytocin: the role of the attachment representations

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The modifications of neuroendocrine responses associated with stressful events (such as prematurity) are well documented, particularly as regards of the dysfunctions related to the hypothalamic-pituitary-adrenal axis (HPA axis), studied across the production of cortisol and ACTH. However, the role of other hormones such as oxytocin (OT) remains a challenge to understand. Recent works by our group in sexually abused people and in people who have suffered a severe illness during childhood or adolescence, illustrate: (1) that the peripheral oxytocin increases under stress; (2) that this response can be separated from the cortisol activity and finally (3) that the production of peripheral OT could be linked to the attachment representations. The purpose of this study is to clarify to what extent the peripheral OT response could act as a protective factor during a psychosocial stress, such as Trier Social Stress Test (TSST) in a population of very preterm born adults (<32 weeks gestational age). In this regard, we analyzed plasma and salivary cortisol, peripheral OT secretions and stress perception to 60 young adults (30 subjects born very preterm and 30 subjects born at term), aged between 18 and 26 years during the TSST exposure. The data confirm our previous findings. In addition, these last results show that Individuals with secure attachment representations have a coherent pattern between the elevation of peripheral oxytocin and the increased cortisol response. In contrast,

subjects with insecure attachment representations, show that the oxytocin response seems not to be consistent with increasing of cortisol. Consistency between these systems could be understood as a protective mechanism.

P91 The salivary oxytocin response of severely early-traumatized children and its relevance in attachment-based therapy

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Introduction: The effects of endogenous oxytocin (OXT) on the human brain and body make this neuropeptide a crucial component in attachment formation, which is often disrupted in early traumatized children. Basically, the activation of the attachment system by attachment stimuli should lead to OXT-secretion, which then facilitates care-seeking behaviour. Successful coping with attachment stress will induce enhanced OXT secretion, which in the end will reinforce these mechanisms.

Aims of the study: The change in OXT and cortisol response to the Child Attachment Interview (CAI) shall help to understand the working mechanism of the MOSES® attachment-based in-patient therapy model for severely early-traumatized children.

Material and methods: 20 children (m:10 f:10), who were 8 to 14 years old and were treated with the MOSES® therapy model for about 6 months, underwent the CAI as an attachment stimulus at four time-points. Salivary OXT and cortisol samples were taken before, immediately after, 15 minutes after and 30 minutes after each CAI. Attachment representations were classified.

Results: A repeated measurements ANOVA showed a significant increase of OXT values from before the CAI to the mean of after and 15 minutes after the CAI and a significant decrease from this time-points to 30 minutes after. The correlation of OXT-response to attachment representations, changes of the OXT-response over time and correlations to cortisol response will be discussed.

Conclusions: The CAI is a stimulus strong enough to provoke a salivary OXT-response. It is hard to discriminate an activated attachment system from a stress response on an endocrinological level. However, a more pronounced OXT-response combined with a lower cortisol increment could induce attachment-oriented coping (e.g. seeking help from others). More profound knowledge of the OXT-response to psychological stimuli could help to further understand the physiological basis of attachment behaviour, attachment formation and therapy effects.

Poster Session 4: Caregiving Contexts

P92 Parental reflective function in postpartum depressed mothers and its influence on maternal sensitivity at pre- and post-still-face-episode

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Introduction: The relation-specific capacity of the postpartum depressed mother to mentalize her child might affect the maternal ability to respond sensitively to the child after mismatch of face-to-face communication has occurred. More severe depressive symptoms might influence maternal sensitivity.

Aims of the study: We investigated the relationship between parental reflective functioning, severity of depression and sensitivity under conditions of infant non-distress and distress in a sample of clinically depressed mothers.

Material and Methods: A sample of 50 *DSM-IV*-postpartum depressed mothers with infants aged 4-9 months were introduced to the Still-Face-Paradigm (SFP). The Beck Depression Inventory (BDI) measured the severity of maternal depressive symptoms. The Parental Reflective Functioning Questionnaire-1 (PRFQ-1; Luyten et al., 2009) operationalized the level of maternal child-focused mentalization on three dimensions (*Pre-Mentalizing Modes*, *Certainty of Mental States*, *Interest and Curiosity in Mental States*). The Mini-Maternal Behavior Q-Sort (Mini-MBQS-V; Moran, 2009) rated maternal sensitivity at 3-minute-baseline interaction prior to the 1-minute-still-face condition, and at the 3-minute reunion episode, in which the mother continues interaction.

Results: The results showed a significant decline in maternal sensitivity between pre- and post-still-face-interaction. Only higher scores on the pre-mentalizing mode were significantly associated with a decline in sensitivity between pre- and post-still-face. The pre-mentalizing scale captures the mother's low mentalizing stance of interpreting the child's behavior as intentionally against her own person or interests. The predictive association between the maternal pre-mentalizing mode and a decline in sensitivity was found to be independent of severity of maternal depression.

Conclusions: Implications of this clinical finding for mother-infant treatment and the validity of parental reflective function are discussed.

P93 Enhancing shelter environments for families experiencing homelessness

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Introduction: Although the age at which one is most likely to stay in a homeless shelter in the U.S. is infancy, emergency shelters for families experiencing homelessness are settings where the needs of children are often overlooked, including the need for nurturing relationships and environments.

Aims or Purpose of the project or work described: While HHS and other federal agencies continue to work towards ensuring that all children have a safe, stable place to call home, we recognize that there are young children staying in shelters because their families have no other place to go. The Early Childhood Self-Assessment Tool for Family Shelters was designed to guide program staff to reflect on how they might enhance the shelter environment to better meet the needs of infants, toddlers and preschoolers - to childproof them - and how they might better support parents in their relationships with their young children. The original tool was designed to examine physical environment, policies, workforce, programming, funding, tracking and evaluation, and building awareness within shelter programs.

Description of the work or projects: The tool was used in eleven family shelters in Connecticut in partnership with eight Head Start programs over 18 months. Positive results included increases in all areas, especially increased developmentally appropriate practices, child-friendly environments and qualified workforce and a 75% percent increase in enrolling children in Head Start preschool programs.

Conclusions: The original tool was expanded to align with Caring for Our Children Basics national health and safety standards and released by the U.S. Administration for Children and Families. It is now being piloted again in Connecticut and other locations in the U.S. In partnership with Bright Horizons, child spaces are being fashioned to better enhance parent-child spaces in shelters.

P94 Food is love - group discussions in psychodynamic mother-baby psychotherapy group

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Introduction: Mother-baby psychotherapy groups have provided a treatment option in the Infant Psychiatric Unit of Seinäjoki Central Hospital for nine years. The groups are closed, with four mother-infant dyads attending a group weekly for several months and with two psychotherapists leading the group. The focus of the group intervention is to enhance early mother-infant interaction in secure group context.

Purpose of the work described: The aim of the work is to analyze qualitatively the group-level discussions of mother-baby groups held during the last two years, including twelve mother-baby dyads altogether. After every group session the therapists discuss the themes initiated by the mothers, and compose both concrete and emotional themes which are documented into the patient records.

Description of the work: The structure in the two-and-a-half-hour group sessions is loose. However, each group meeting includes tea, breakfast and lunch. Discussions are free and mother led. The role of psychotherapists is not to give advice or concrete instructions but to create an open and secure atmosphere to observe babies and interaction, to hold and verbalize various and ambivalent feelings of group members, and via counter transference try to understand both conscious and unconscious meaning of themes. Various psychotherapeutic orientations including parent-infant and psychodynamic psychotherapy, family therapy, group psychotherapy and child group psychotherapy are integrated in mother-baby groups.

Conclusions: There are various themes in group discussions arising from the interaction in the group, mothers themselves, babies and their development and also from the pair relationships and family situations of mothers. Discussions include both conscious and unconscious themes. The role of psychotherapists is to contain ambivalent feelings of early interaction and motherhood and to give an understanding by integrating and verbalizing discussions to shared experience and feelings.

P95 Does the renovation of child-care structure in infant-homes affect the infants' development?

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Introduction: Although infant care in Japan had long been provided a team of over 10 workers looking after 20 infants in one room, an active renovation of the care structure has been promoted since 2011. A large effort to convert the structure to small-group care of 4 or 5 infants has been made in order to provide a family-like child rearing environment.

Objectives: This study aims to examine infants' development within an infant institution where the child-care renovation has been implemented.

Method: The infant-home was newly reconstructed and shifted its child-care structure to small-group care. 18 infants (9 infants at under 13 months old; 9 infants at 13 - 24 months old) enrolled in the institute participated in this study.

Enjoji's Infant Analytic Development Test, a commonly used apparatus in Japan, was utilized to examine infants' development. A comparative study of developmental quotients was conducted between pre and post renovation.

Result: First of all, a Wilcoxon signed-rank test was conducted in order to examine the difference between pre and post the renovation. The result showed the difference was marginally significant:

the developmental quotients were higher after the renovation ($p < .10$). Next, the same test was conducted on each age group. Although it was not significant among under 13-month-old group, a significant result was obtained among 13-24 month-old group: their developmental quotients were higher in the post-renovation than the pre-renovation ($p < .05$).

Conclusions: It was shown that small-group care enhanced child development more than large-group care. Especially, it should be noted that enhanced development was shown within the 13-24 month-old infants, which suggests that the renovation facilitated closer interaction between the infants and the care-workers and positively affected infants' development.

P96 Preparing infant caregivers for relationship-based care

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Introduction: With increasing numbers of infants entering childcare, the call to better prepare professionals to work with infants and their families has resonated both in the US and abroad. Early childhood scholars and professional organizations argue for implementing a relationship-based approach, particularly for infants in childcare. This workshop will focus on findings from a series of qualitative studies exploring the power and value of relationships as an essential context for learning about infant development, infant care and education, and preparation of infant professionals.

Aims: This workshop will articulate the importance of relationship based infant care, describe the ways in which it unfolds in process for infants and caregivers, and share some effective strategies for preparing professionals. Participants will be engaged in discussion regarding existing challenges to implementing these child care practices in the field.

Description: Based within a university-affiliated early childhood center engaging in service, professional preparation, research, and outreach, this cumulative body of work looks deeply at the process of preparing student caregivers through the integration of: (1) a theory-practice seminar which provides a systematic structure for developing and learning through relationships; (2) the support of exemplary head caregivers who consistently model quality, relationship-based practice; and (3) regular hands-on experience with infants for a full semester. We explore how a primary care system fosters relationship development, the importance of reflective process in understanding and our own responses to infants, and the essential elements required in providing a supportive context for developing authentic relationships with infants and families.

Conclusion: Despite strong recommendations from the field, little is known about the process of providing relationship based care in practice. Our studies of caregiver preparation and development are a first step in articulating how student caregivers demonstrate meaningful changes in their ways of understanding, teaching, and learning from infants in child care.

P97 Infant sleep and settling; e-learning module promoting the science of IMH

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Parents in many Western countries report problems relating to infant and childhood sleep (Owens & Burman, 2009). In Australia, up to 40% of families reported their infants and children had sleep problems (Quach J., Gold L., Hiscock H., Mensah FK., Lucas N., Nicholson JM., Wake M. BMJ Open2013;3,3:e002419.). The majority of childhood sleep problems do not fall into the physical pathology group and are considered as behaviourally based infant and childhood sleep problems (Hiscock H., Canterford I., Ukoumunne O and Wake M (2007; *Pediatrics*, 119, 86-93). By looking at sleep disorders of non-physiological aetiology it the number of wakings, and associated behaviours during wake and transitioning to sleep time that is the issue. Such behaviours adversely impact on caregivers (Sadeh et al., 2009) at which the point caregiver assistance seeking behaviours are activated to address the sleep 'problem'. What then is available to these families? Most professionals have access to research and studies featuring interventions designed to ignore infant signalling to varying degrees. Despite the findings of these interventions as improving the outcomes of paternal mental health, where does it leave infant mental health? Presentatins to over 3000 professionals in early parenting disciplines has identified that basic knowledge surrounding supporting infants and caregivers during the transition to sleep is often limited. The Safe Sleep Space book (2012) 2nd edition, has sold to over 3000 copies and is the foundation for the 2015 "Infant and Toddler Sleep and Settling E-learning Program for Professionals". By focussing on the science of normal sleep, infant mental health and infant - parent relationships, an e-learning tool for professionals has been developed to meet the needs of those providing support to struggling families. The aim: to provide essential, accessible information so professionals can consider sleep settling challenges as opportunities to improve infant-parent attunement and synchrony.

P98 Teachers' Attachment and Dispositional Mindfulness: Links to Developmentally Supportive Practices with Infants and Toddlers

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Introduction / Aims: Sensitive caregiving is the cornerstone of secure attachment and requires the abilities to correctly interpret and respond to cues as if seeing the world from the child's perspective. Mindfulness may underlie caregivers' abilities to see the world from the child's perspective and use this informed perspective to respond sensitively (Jennings, 2014). We present data illustrating associations between attachment security, dispositional mindfulness, and pre-services teachers' beliefs and practices with infants/toddlers.

Methods: 280 pre-service teachers enrolled in child development/early education classes at four U.S. universities completed surveys that included: **attachment style** (Van Oudenhoven, Hofstra & Bakker, 2003); **dispositional mindfulness**(Cardacitto, et al., 2008); **mindfulness in interactions** (Duncan et al., 2009); **beliefs about the value of reflective practices**(Tomlin, Sturn, & Koch, 2009) **knowledge of infant/toddler development** (MacPhee, 1981);

and **developmentally supportive responses** to vignettes reflecting realistic situations in infant/toddler care.

Results: Attachment, dispositional mindfulness, beliefs, and practices were all significantly correlated. More secure pre-service teachers reported greater dispositional mindfulness, $F(1, 277) = 8.59, p = .004$, and stronger beliefs in the value of reflective practices, $F(1, 277) = 14.56, p = .000$. Those with greater dispositional mindfulness reported more mindful interactions with others, particularly interactions characterized by intentional kindness, $F(1, 140) = 22.99, p = .000$, stronger beliefs about reflective practices, $F(1, 278) = 45.76, p = .000$, greater developmental knowledge, $F(1, 278) = .87, p = .016$, and more developmentally-supportive responses to common challenging situations, $F(1, 277) = 7.13, p = .008$.

Discussion/Conclusions: Infants'/toddlers' behaviors evoke strong emotional responses in caregivers (Siegel & Hartzell, 2003) which can result in impulsive reactions rather than intentional and supportive responses. Results underscore the associations between attachment security, mindfulness, and developmentally-supportive beliefs and practices and highlight burgeoning research on the role of mindfulness in high-quality, sensitive caregiving.

P99 Experiences of parenting: The development and preliminary validation of a new measure of the caregiving system: The caregiving experiences questionnaire

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Introduction: Early research examining the link between parenting and children's attachment proposed that the parents' state of mind regarding attachment explained the intergenerational transmission from parent to child. Continued exploration of this model showed, however, that this transmission mechanism is not robust in families with insecure children and families at risk. Researchers began thinking about unknown mediating factors in this path and termed the phenomenon the "transmission gap." One approach to examining the gap was George and Solomon's (2008) proposal (following Bowlby, 1969) that parenting is guided by a behavioural system in its own right – a "caregiving system" that is separate from parents' attachment. Using interview methodology, these researchers demonstrated that patterns of discourse evaluation using "defensive processing scales" (based on Bowlby, 1980 and Solomon et al., 1995) differentiated among mothers of children with secure and insecure attachments.

Aims of study: In this presentation, we present a new method of measuring the caregiving behavioural system following this model, the Caregiving Experiences Questionnaire (CEQ).

Methods and Materials: Mothers with children 1.5 – 5 years ($N = 247$) completed a pilot CEQ and discriminant and predictive validity measures (PSI-SF, CBCL).

Results: Exploratory factor analysis generated 5 caregiving scales, the items of which fit with George and Solomon's interview rubric and correspond conceptually with the five attachment groups associated with the preschool years. One set of scales (commitment/joy, distanced, heightened) describe patterns associated with the caregiving defenses linked to organized child attachment patterns. The other set of scales (helplessness, role reversed) describe patterns associated with caregiving dysregulation, the patterns that define disorganized/controlling attachment (punitive, caregiving).

Conclusions: The results of the current study supported theoretically derived hypotheses and demonstrated promising predictive validity for the new measure that can aid researchers exploring mediating factors in the transmission gap and aid infant mental health intervention.

P100 Early Care and Education Providers' Awareness and Understanding of Infant Mental Health: Associations with Attachment Style

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Early care and education (ECE) providers play an important role in infant mental health (IMH) by developing nurturing attachment relationships with children and recognizing early signs of mental health problems for early intervention referral (Chazan-Cohen, Jerald, & Stark, 2001). However, minimal research has focused on awareness and understanding of IMH among ECE providers or on how the attachment styles of ECE providers may be related to this. Using the newly developed Oklahoma Infant Mental Health Survey (Williamson, Huffer, Morris, & Hays-Grudo, 2015), the current study examines responses from a sample of 199 ECE providers obtained via a national online survey. The mean age of the sample was 44 years with the majority (65%) holding a bachelor's degree or above. The survey includes four subscales: Responsive Caregiving, Knowledge of Development, Awareness of IMH, and ECE Practices and IMH. ECE providers' scores on all four subscales were negatively associated with characteristics of a fearful attachment style as measured by the Attachment Styles Questionnaire (Hofstra, Van Oudenhoven, & Buunk, 2005). Additionally, scores on 3 of the 4 subscales (excluding ECE Practices and IMH) were positively associated with characteristics of a secure attachment style. Controlling for participant education level, a series of regression analyses demonstrated that characteristics of a secure attachment style predicted scores on the subscales of Responsive Caregiving ($\beta=.172$, $p < .05$), Knowledge of Development ($\beta=.178$, $p < .05$), and IMH awareness ($\beta=.182$, $p < .01$). These findings suggest that the attachment style of ECE providers may be a salient variable in relation to their awareness and understanding of IMH, responsive caregiving, and infant/toddler development, regardless of education level. Implications for the field include a need for a focus on attachment issues in the education of ECE providers including interventions that enhance their capacities for building relationships with children in their care.

P101 Parents' concerns about their child's health condition and effectiveness in managing the child's crying, sleeping and eating behaviour. Results of a large sample study in Hungary

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Introduction: The 'HEALTHY OFFSPRING' project examined the prevalence of behaviour regulation problems in early childhood and the significance of different risk factors behind them. Parental concerns about the children and the caretaking process were measured by questionnaires.

Aims of the study: In this study we examined the caregiver's difficulties and emotional distress in taking care of a sick child and its connections to general behavioural regulation problems.

Materials and methods: 1164 families of 0–3-year-old children were included from Heim Pál Children's Hospital Budapest and the local regions. For this analysis only questionnaire data of the mothers (n=1133) were used.

Results: Caregivers usually notice easily if their child is sick ($M \pm SD = 4,6 \pm 0,7$ in 5-level Likert scale; 68,8% notices sickness very easily). However, 8% of the mothers feel uncertainty about it. 12,4% of the mothers perceived their child as a 'sickly' one. Drug administration generally does not mean a difficulty for the caregivers ($M \pm SD = 4,2 \pm 1,0$ in 5-level Likert-scale; 49,4% have no problem at all), but for 23,4% of the mothers it is a problematic issue. Health conditions showed significant ($p < 0,001$) moderate ($Rho = 0,2-0,3$) correlations with some behavioural variables. The more the children are sickly, usually the less frequently they eat and sleep. Caregivers who notice easier if the child is sick, thought that they better understand the child's signals in general. Their children cry less and they find it easier to comfort them. Interestingly, these children sleep less and these caregivers feel more stress because of sleep onset problems. Those who find drug administration difficult, are also less successful in comforting the crying child who may have more feeding difficulties and feel more stress because of sleep onset difficulties.

Conclusions: The parental self-efficacy in caretaking of a sick infant or toddler has systematic moderate correlations in parental management of general behavioural regulation problems.

P102 Supporting the caregivers of institutionalized children in India

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Introduction: Child maltreatment is a global problem. Studies have consistently linked childhood maltreatment with mental illness in children and adults. And yet the mechanism whereby abuse and neglect influence the development of mental illness is not well understood. While mental illness is found around the world, the same disorder does not always present in the same way. Moreover, the same risk factors do not necessarily lead to the same illness presentation.

Aims: This paper explores the distinct ways in which childhood maltreatment has impacted institutionalized children in India.

Project Description: As a child psychiatry trainee, I was part of a team of child psychiatrists and infant mental health specialists that visited a children's home in south India to consult to the caregivers. Eight children were interviewed individually at the request of the staff due to concerns that the children appeared sad or withdrawn or were demonstrating behavioral dysregulation. The cases of two adolescent girls illustrate two distinct presentations following histories of significant maltreatment and early loss. One of the girls was significantly dysregulated. The other was struggling academically after leaving the home but was able to regulate herself. The team was asked to make recommendations about how best to support these children. Staff was advised to support the children's existing defensive structures as much as possible. They were counseled about the importance of allowing children to speak about any past traumas on their own terms and not to be pushed to share such details.

Conclusions: The team considered similarities between certain cultural practices, like chanting, prayer and dance, and techniques used in the United States with individuals who struggle with self-regulation. By encouraging these cultural practices in the children's home, the staff is supporting the development of regulatory capacities that might have otherwise been derailed by early maltreatment.

P103 Drawing by a child with strong impulses

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Winnicott (1971) argued children could steal to attract attentions. Machover (1949) wrote "The neck is often singled out for graphic emphasis by individuals who are disturbed about the incoordination of their impulses and their mental control functions." and "the arms and hands are weighted with psychological meanings referring primarily to ego development and social adaption".

Purpose: A five-year old girl YU steals money. We report on changes in her relationships as observed through her drawings of "hand" and "neck".

Description: YU's mother was never very attentive. YU had four siblings. Her nails were dirty. She was not well taken care of. YU had no friend, played alone. Initially she never talked to Th but produced drawings with exaggerated hands and legs. Subsequently as she started talking, while hands turned normal, legs got minimized, and necks precariously emphasized. By then the mother had become more careful about money, more attentive, e.g., by reading books to her. YU could now discuss her kindergarten events with Th, play with her friends. Her stealing has ceased. Her drawing has grown stable featuring many people, but with hands and legs drawn only vaguely, necks submerged into bodies. Yet, her impulses remained strong. She would protest by taking off clothes whenever she is not heard. She would bring a knife to fights with siblings. Her last drawing featured YU and Th standing side by side, with necks hidden by clothes, hands undrawn.

Conclusions: YU's initial drawing emphasizes hands usable to steal or to help. The final drawing suggests YU's identification with Th. But the missing hands suggest disrupted collaboration with Th. The submerged neck indicates her uncontrolled impulses. While her stealing ceased, the task of dealing with her strong impulses remained unresolved due to Th's retirement.

P104 Are caregivers really effective in supporting infant negative affect regulation during painful events?

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Introduction: Primary caregivers are critical to understanding the infant in pain (Pillai Riddell & Racine, 2009; Pillai Riddell et al., 2013), and decades of attachment research have demonstrated the integral role of caregivers in modeling their child's distress regulation in times of pain (Bowlby, 1969/1982). When infants are highly distressed, the attachment system motivates them to demonstrate behaviours that bring the caregiver closer for protection - with the longer-term goal of teaching the child to self-regulate that distress (Pillai Riddell, Gennis, et al., in press).

Approximately 75% of mental health difficulties are connected to difficulties in negative affect regulation (Werner & Gross, 2010), and painful contexts (i.e., immunizations) provide a unique opportunity to study caregiver-led interventions to help with distress regulation.

Aims of the study: To assess the efficacy of parent-led interventions (e.g., rocking/holding, massage/touch) on pain regulation of preterm infants, neonates, and older infants from 0-3 years during painful events.

Material and methods: As part of a larger Cochrane systematic review and meta-analysis on non-pharmacological interventions for children's pain, this was a sub-analysis of strategies that used the primary caregiver as part of the intervention. This included 22 randomised controlled trials and randomized crossover trials with a non-intervention control, and 2017 participants.

Results: The largest standardized mean difference (SMD) for parent-led intervention improvement over control for pain regulation was seen for rocking/holding (neonate: SMD -0.75; 95% CI -1.20 to -0.30), with a small effect size.

Conclusions: Although caregiver rocking/holding was effective for infant pain regulation, the effect size was small, limiting our confidence in these findings. Despite the important role of caregivers in managing infant pain as per attachment theory, findings do not reflect the predicted magnitude of effect. Considering the importance of negative affect regulation for infant mental health and the attachment relationship, these findings present a concern.

P105

Does prenatal reflective functioning predict postnatal maternal interactive behavior across contexts

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Introduction: The presence of multiple risk factors disproportionally increases the chances of poor child socio-behavioral development. These risk factors affect child socio-behavioral development, either directly or indirectly, through parenting capacities and parent-child interactions. However, the mechanisms are not yet clear. Quality of parental reflective functioning (RF) may be an important mechanism in this respect, as it has been associated with multiple risk factors, parenting behavior and child socio-behavioral development.

Aims of the study: The present study examined whether prenatal maternal RF was related to postnatal interactive behavior in first-time mothers and their six-month-old infants (54% boys) across contexts, and to what extent quality of prenatal RF could account for the influence of accumulated risk on maternal behavior.

Material and Methods: Mother-infant dyads (N=133) were observed during free play, two teaching tasks, and the Still-Face Paradigm (SFP). Prenatal RF was measured using an interview, while accumulated risk was assessed using an interview and various questionnaires.

Results: Accumulated risk was associated with less sensitivity and positive engagement across contexts, more intrusiveness during free play, and more internalizing-helplessness behavior across contexts. Better prenatal RF was associated with more sensitivity and positive engagement across contexts, and with less intrusiveness and internalizing-helplessness behavior, but only during more challenging tasks. Accumulated risk and prenatal RF were related and predicted shared variance in maternal interactive behavior. Furthermore, prenatal RF mediated the association between accumulated risk and sensitivity during teaching and SFP play-episode.

Conclusions: These findings suggest that maternal RF may be targeted prenatally in order to improve postnatal mother-infant interactions. Furthermore, positive RF-development may ameliorate some of the negative consequences from other, often more stable, perinatal risk factors.

P106 Mothers' experiences of non-maternal childcare for their preterm infant: a qualitative study

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Mothers only become fully involved in their child's care once their baby has been discharged from hospital. However, even then it is likely that non-maternal caregivers will be involved in their care. This study aimed to explore the involvement of non-maternal caregivers in babies born prematurely, mother's perceptions of this care, and the effect of this on the mother-infant relationship. Twenty-five mothers with prematurely born babies were recruited approximately 15 days after birth from a neonatal unit in Brazil. Mothers were interviewed when their babies were approximately five months old and 12 months old. This was a qualitative study using structured interviews. Data was analysed using inductive systematic thematic analysis. Two major themes were identified, 1) other non-maternal caregivers and 2) day care. Exclusive maternal care was more common in the beginning, with only a few babies being cared for by non-maternal caregivers. Non-maternal caregivers were usually close relatives, neighbours or friends. At 12 months some babies were going to day care. Although mothers reported feeling satisfied with this care, they also felt sad and concerned when they had to leave their baby. Some mothers prepared the caregivers by describing specific care routines (e.g. medicine, bath, feed). Mothers felt using others for childcare influenced their relationship with the baby, especially when the grandparents were caring for the baby. Only a few mothers reported expectations and feelings about day care at five months, which included being afraid about exposing the baby to the recurrent illnesses since he/she was a more fragile baby, and concern about baby's development. At 12 months the mothers expressed different concerns and views about day care. In conclusion, there are specific issues surrounding the care of a premature baby by non-maternal caregivers. Therefore it is important that the mother and child are prepared for these challenges.

P107 Preschooler sleep problems: Associations with maternal sleep-related cognitions, bedtime interactions and maternal and child anxiety

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Introduction: Up to 40% of parents report that their infants and young children experience sleep problems. Sleep problems are a significant source of distress for families and are associated with poorer child social, emotional and academic outcomes. Childhood sleep problems are also associated with increased cost to the Australian healthcare system, estimated as an excess annual burden of \$27.5 million (95% CI \$9.2 to \$46.8 million; Quach et al., 2013). A better understanding of factors contributing to sleep disturbances will inform the development of interventions that may relieve healthcare costs and the burden on children and families.

Methods: A community sample of 116 mothers completed the Tayside Children's Sleep Questionnaire and a five-night sleep diary recording their preschooler's sleep habits, sleep environment and specific sleep problems. Additional questionnaires assessed maternal cognitions about their child's sleep behaviours (Maternal Cognitions about Infant Sleep Questionnaire; Parent-Child Sleep Interactions Scale), and maternal and child anxiety (Spielberger State-Trait Anxiety Inventory; Spence Preschool Anxiety Scale respectively). To control for potential confounding, data were collected relating to child health and development.

Results: In line with published data, 33% of parents reported their child as having a sleep problem. Following General Linear Modelling, maternal cognitions about child sleep, $F(1, 103)$

=14.35), $p<.001$, mother-child bedtime interactions $F(1, 103) = 17.4$, $p<.001$, and maternal $F(1, 103) = 7.3$, $p<.01$, and child anxiety $F(1, 103) = 15.8$, $p<.001$, emerged as independent and significant predictors of child sleep quality. Sleep diary scores were moderately and significantly associated with maternal reports of child sleep, $p<.001$. The results were independent of a range of child and maternal covariates.

Conclusion: This study shows that both maternal and child factors contribute to sleep problems in preschoolers and should be addressed in the development of clinical interventions.

P108 Support group for patients following Assisted Reproductive Technology procedures: adaptation of this psychological tool

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We live today in a new era where internet and the social networks are part of our daily routine. This is why, the ART (Assisted Reproductive Technology) team of the CHU Saint Pierre in Brussels decided to integrate these new technologies in the follow up of patients in order to improve and modernize the support we offer. The aim of this poster is to describe the process we've been through, creating this innovative project; an interactive forum, from its construction to its achievement. In the poster, we will develop the entire process needed to adapt the concept of a "support group" to the specific context of ART and the new technologies. A full representation of the different and essential elements needed to reach the objective of allowing the patient to exchange any time, anywhere and most importantly anonymously, will be exposed as well as the different development steps involved. Additionally, the running of our project will be compared to that of a classical "support group". Today, one year after the forum was launched online, more than 120 patients have subscribed. The patients use our forum frequently and share their experiences associated with their ART journey.

P109 Influence of baby massage on mother-infant vocal interaction

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Introduction: Skin-to-skin contact between mother and infant is known to have positive effects on affective bonding (Feldman, 2002, Field, 2014). Previous studies have shown that parents provide well-timed responses to infant cues (Kartner et al., 2010) and that young infants are highly sensitive to the timing and rhythmic qualities of the human voice (Trevvarthen & Aitken, 2003). So far, no study has analyzed how baby massage as a caregiving practice could influence vocal interaction between healthy full-term infants and their mothers.

Aims: The aim of this study was to compare the social contingencies between maternal speech and infant vocalization in a group of 3- to 6-month-old regularly massaged babies to those in a control group of babies not receiving massage.

Materials and method: Mother-interactions of 20 dyads were filmed in the home. Ten dyads practiced regular baby massage (MG) and were recruited through the International Association of Infant Massage, and the other 10 had no massage experience (NMG). Two-minute audio sequences were analyzed for each dyad in order to quantify 1) number and duration of vocalizations, 2) response latencies and 3) extent of verbalization of maternal speech.

Results: Results show no significant difference between the 2 groups regarding the number of infant vocalizations and the degree of mothers' verbalization. However there are significant

differences on average duration of simultaneous vocalizations (when mothers and infants vocalize at the same time). It is significantly higher for the MG. Regarding the degree of vocal contingency, results show that the NMG has higher vocal contingency than the MG.

Conclusions: Lower vocal contingency in the MG may be due to competition with other communication modes that massage practice could support like touch and mutual gaze. Further studies should investigate how massage influences mother-infant communication in a multimodal context.

P110 Facing death at the start of life

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Introduction: Psychoanalytic theory and infant research extend our understanding of the mysteries and intricacies of being and becoming a mother. There is complexity enough within the ordinary domains of this journey for a mother, let alone when she and her baby face serious challenges. We explore some of the qualities of motherhood, and themes that arise for a mother, when her infant is very unwell.

Aims: To consider concepts that might help to shed light on the nature of the trials and demands faced by mothers who carried and gave birth to a baby with a serious illness. To further our understandings in relation to the psychic dimensions of motherhood and the implications for infants.

Description: This paper offers specific qualitative findings of a study exploring the experiences of mothers of infants born with congenital heart disease (CHD). Their experiences are illustrated by the presentation of clinical vignettes.

Conclusions: The mothers suffered marked emotional stress, sometimes even arising from ethical dilemmas, at different times and in different ways, during pregnancy, and then through the birth and subsequent medical and surgical treatment of their infants.

P111 Rockabye Baby, the story: How parents negotiate advice, tradition, and intuition around infant sleep

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Introduction: Parenting involves a multitude of decisions, small and large, negotiated in a context of multiple sources of advice, often with strong contradictory messages. Infant sleep is an area where researchers, healthcare providers, the media, grandmothers, and cultural traditions all speak loudly and rarely in concert. New Zealand, in particular, is a country of diverse traditions: about one quarter of New Zealand's residents are immigrants, and there are two strong local cultural groups: the indigenous Maori, and Pakeha, the largely English and European descendants of colonial groups.

Aims: This study uses semistructured interviews with parents of infants between six months and two years old to explore the parents' choices about where, when, and how their infants are put to sleep, how the parents feel about those choices, and what factors—people, traditions, information—affect those choices.

Methods: Over the next six months, we expect to conduct 10-15 interviews with each group, and also to include Pakeha and Pacific Islander families if possible. The interviews are currently underway, being conducted by ethnically-matched interviewers with Maori, Asian immigrant and English-speaking immigrant families.

Results: The interviews will be transcribed and analysed using thematic analysis, exploring the patterns within and across ethnic groups. Data from this qualitative study are also linked with a concurrent quantitative survey on parenting around infant sleep, presented in the accompanying poster.

Conclusion: This poster will summarise the major themes and implications from these interviews exploring nighttime care parenting practices across ethnic groups. This information will add to the understanding of parenting across cultures and help to support educational programs supporting families in early infant care.

P112 Caregiver interactions during diapering routines

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Literature on caregiver-interactions in diapering routines in U.S. childcare settings is sparse and focused on hygienic custodial protocols. Moreover, caregiver reflections about their interactions with a child during the diapering routine are few. A young child will experience approximately 5000 diaper changes in the first years of life in a highly, recurrent activity that provides a rich context for studying caregiver-child interactions. Medical literature examines diapering from primarily the perspective of disease and dermatitis prevention, handwashing, and hygienic protocols with no mention of a relational context. While disease prevention is undeniably important, hygienic protocols for the most part shape caregiver practices. Laurin (unpublished) in a pilot study found that diapering procedures were completed, on average, in less than two minutes. This indicates that diapering routines are occurring at a fast pace which would give little time for interaction between caregiver and child. Caregivers reviewed and interpreted a diapering routine of bodily-care with a child in their program, then reflected on the child's experience during the diapering routine. In conclusion, caregivers identified missed opportunities for mutuality, particularly in following the child's bids. This workshop will discuss a pilot study inquiry into the lived experiences of toddlers in a comparison of diapering practices at the Pikler Institute in Budapest, Hungary, and in two U.S. infant/toddler center classrooms. U.S. teachers' examined video footage of diapering routines with children in their care, then reflected and described their interactions. In addition, guided by questions adapted from the Newborn Behavior Observation Assessment (NBO) the caregiver imagined what the toddler's voice might convey about the diapering experience. Workshop participants will engage in discussion about different diapering practices and view video of a U.S. diapering sequence to imagine what the baby might wish the caregiver to know.

P113 Helping mothers with affective disorders reclaim their maternal role: challenges in building interprofessional collaboration

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Mothers with affective disorders (AD) often experience difficulties committing to therapy. This is mainly due to a fear of being judged as a bad parent or to a perceived risk of having their children taken away by authorities. Psychiatric interventions generally overlook maternal role constraints or the multiproblem environment of mothers. Services in the Canadian province of Quebec provide various but poorly coordinated programs tailored mainly to children. This communication presents the results of a study that examined occupational therapy (OT) interventions with mothers

experiencing AD. Using a qualitative theory building method, the study involved six in-depth case studies of mothers who suffered from severe anxiety or depression with children under six. Qualitative data was collected through individual interviews with mothers and caregivers as well as group interventions. Data analysis yielded a multidimensional model identifying factors for an effective treatment for mothers with AD. Mothers had difficulties maintaining their commitment to the interventions. The mothers' irregular attendance to OT interventions was correlated with their previous negative experiences with therapy, their ethnic-cultural backgrounds and the role fragmentation in the health delivery system. Over time, the OT approaches were adjusted to the mothers' needs and structured to reduce discomfort induced by interventions, discontinuities and, at times, conflicts associated with the fragmentation of services. This yielded a greater integration of the OT approach to other health and community support services used by the mothers. This presentation outlines the results according to divergent perceptions that different caregivers had of mothers and their families, the structural-organizational variables, including recent role definitions of Quebec mental health workers that correlate with the relative lack of treatment effectiveness and a perspective of how interprofessional collaboration might achieve more effective treatment in order to help mothers with AD fulfill their maternal role.

P114 Evaluating the Solihull Approach Foster Carers Course

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The Solihull Approach Fostering and Adoption Course was designed to increase the emotional health and wellbeing of and the relationship between the foster carer and the foster child. Following on from a pilot study that was completed by Brown, S. (2013) and presented at WAIMH 2014, a more comprehensive evaluation project has been pursued. Data has been collected from 41 foster carers, who attended the 12 session Solihull Approach Fostering and Adoption training course. Sessions include: Introduction to the Solihull Approach Foster Carer Course, Brain Development, Containment, Reciprocity, Introduction to Attachment, Understanding your Child's Behaviour, Different Parenting Styles, Spending Time Together, Rhythm of Interaction and Sleep, Self-regulation (Anger), Communication and Attunement and, finally, Celebration, which is a summary session of what's gone on within the group over the last 11 sessions. The measures used within this study consisted of a Carer Questionnaire, Strengths and Difficulties Questionnaire, Children's Expression of Feelings in Relationships, 'Describe Your Foster Child' Carer Mind-Mindedness Measure and the Parenting Stress Index Short Form (PSI-SF). The results are currently being analysed and will be presented at the conference.

P115 Rockabye Baby, the big picture: An international survey on parenting practices around infant sleep

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Introduction: Parenting practices around infant sleep are fraught with controversy, anxiety, and rhetoric. Parents are advised, often strongly, about infant sleep location, night-time settling, schedules, and related practices, but there are strong competing views, and little is known about what strategies parents try and how often or consistently they use them. How these messages impact parents' care decisions may impact infants' well-being. However, little is known about how

parents negotiate these sources of information about sleep and responsiveness to infants' sleep behavior or how parents feel about their decisions or comfort with flexibility in adapting sleep routines to infants' needs. Our research, and the research of others, has begun to show that parents' flexibility and adaptability in nighttime care choices and routines may be associated with lower levels of stress for both infants and mothers. Thus, this research examines whether mothers' flexibility in nighttime sleep care choices is associated with differences in mothers' perception of sleep as problematic, infants' sleep behavior, or other nighttime sleep characteristics?

Methods: Four hundred mothers have responded to a web-based sleep survey launched in New Zealand, June, 2015. US-based release is scheduled November, 2015. Questions address mothers' infant nighttime care practices, confidence, and comfort, and the relationship between these factors and mothers' social support (Social Provisions Scale), distress (Edinburgh Postnatal Depression Scale), attitudes toward routine and responsiveness (Baby Care Questionnaire), beliefs about parenting (Concepts of Development Questionnaire), and reports about what and who has influenced decisions.

Results: Data analyses in April, 2016, will examine mothers' flexibility in nighttime care choices as related to attitudes toward responsiveness, confidence in care, and beliefs about parenting.

Conclusions: Based on findings in our earlier work and that of others, we anticipate flexibility in care will be associated with mothers' beliefs about parenting, and perception of sleep routine.

P116 Environment risk and toddlers' early social skills in a Chilean sample

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Children who present behavioral and emotional problems (BEP) -aggressive and hyperactive behaviors that stem from difficulty understanding and expressing emotions (Denham, et al., 2003) - past the toddler years are at risk for school failure and later behavioral problems (Campbell et al., 2000). A large body of research with American samples has linked multiple environmental risks (i.e., maternal education, income, poverty) and children's BEP (e.g., Oliver, Kretschmer, & Maughan, 2014). However, the extent to which environmental risks influence children's development in non-American samples is unclear. Although risk factors may be the same across cultural settings, individuals' experience of risk and the impact of risks on outcomes may depend on the meaning of risk and the way families can cope with risks. This is might be especially important for Chile given multicultural studies reporting that Chilean children (n=486) had the highest mean scores in the total problem scores from CBCL among 24 societies (Rescorla et al., 2011).

To address these gaps we draw from the first and second waves of the Chilean Longitudinal Study for Early Childhood, a nationally representative sample of Chilean children from birth to age five. We use path analyses to examine how demographic and familial risk (table 1) at toddlerhood (age 18-30 months) predict children' BEP (CBCL) two years later. We also examine the potential role of more proximal processes such as (cognitive stimulation, discipline, and maternal stress) mediating the relation between risk factors and children's later BEP.

A factor analysis of the risk factors yield a two factor solution *resources*: father not living at home, absent father, father living at home; and *adolescent mother and family risk/structure*: poor living conditions, low maternal education, household income, and overcrowding conditions (table 2).

Preliminary analysis showed that *resources* and *family structure* were positively related to children BEP

P117 Love is in the air?: The relationship among ambient scents, mood and affect interpretation of infant facial expressions

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Background. In recent years many studies have shown that the quality of the bond that develops between a parent and his or her infant (i.e., 'parental love') is partly dependent on parents' correct and accurate interpretation of infants' signals, needs and emotions. Studies have also found that a positive mood in parents significantly attributes to these sensitive parental behaviors. In the present study we examined whether ambient scents affect adults' affect interpretation of infant facial expressions, by inducing positive mood.

Methods. Participants (n=101) with ages ranging from 20-46 were included and were randomly divided to either a neutral or a scented (i.e., mandarin) room. In both rooms, participants were presented 30 pictures of infants with different facial expressions. Affect interpretation of infant facial expressions was assessed using the Infant Expressions of Emotions from Looking at Pictures task (IFEEL pictures task; Emde et al., 1993), a projective test to evaluate individual differences in attributions of emotions seen in infants. The subjects were asked to describe in one word the strongest and clearest emotion displayed by the infant and to rate the hedonic tone and level of arousal. To measure the role of mood, subjects evaluated the perceived pleasantness in the environment and their mood by completing items of the Pleasure-Arousal Model (Mehrabian & Russell, 1974) using 7-point Likert scales.

Results and Conclusion. Preliminary results show that environmental mood is significantly correlated with the hedonic tone of emotions. The study is in progress and direct, indirect, and moderating effects will be presented and implications will be discussed.

P118 Effects of risk factors on parent-infant interaction quality

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Infants raised with numerous family risk factors may be more likely to experience negative outcomes compared with infants with fewer risk factors. This study aims to determine how family risk and maternal psychological risk are associated with parent-infant interaction quality. Extant longitudinal data were available from the U.S. Early Head Start Research & Evaluation Project, a study of infants (n=2,674) and their parents. Family risks (single parenthood, teen parenthood, educational attainment, school enrollment/employment status, public assistance) were tallied based on parent report during application for services. At infant age 14 months, mothers were interviewed using the Center for Epidemiologic Studies Depression Scale and the Parent Stress Index; standardized scores were combined as an overall maternal psychological risk score. Video of parent-infant interactions at 14, 24, and 36 months were coded using the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes* (PICCOLO; Roggman et al., 2013), a best practice tool for infant mental health interventions and reflective practice (Wheeler et al, 2013). *Averaged scores across ages represent early parenting interaction quality.* Regression analyses showed independent associations of family risk and maternal psychological risk with quality of parent-infant interactions. Family risk, $\beta = -.15^{***}$, and

maternal psychological risk, $\beta = -.14^{***}$, were each discrete independent predictors of interaction quality, controlling for EHS site, infant sex, and ethnicity-race, $R^2 = .20$.

Both family risk and maternal psychological risk negatively predicted parenting interaction quality. Families with few risk factors and mothers with low psychological risk have better parent-infant interaction quality throughout infancy than those with fewer family risks and less maternal psychological risk. Parent-infant interaction quality as measured by PICCOLO has been linked to outcomes through childhood. Recognizing the separate influences of both risk categories may reveal families' needs for increased assistance to improve early parent-infant interactions to promote positive outcomes for infants.

Poster Session 5: Cross cultural studies – Global strategies for infants, families and communities

P119 Inside view of families with an immigrant background

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Success in education and social integration is important for children, particularly with regard to their psychological stability and mental health. In this respect children from families with an immigrant background are still disadvantaged in Switzerland. There is much controversy in the discussion about possible reasons and the measures necessary to ensure equality of opportunity.

Characteristics of the parental home, institutional structures and programmes as well as problems relating to culturally conflicting expectations between families and educational institutions are subject of debate. It is clear that the challenges experienced by the parents and their need for support have little empirical documentation. Furthermore, research and practice have paid little attention to heterogeneity of parenthood. This gap will be closed by our research.

Parents as well as experts with an immigrant background will be interviewed using qualitative, semi-structured interviews or group discussions. The experts will have experience in educational and integrational work with parents and children of the target group. The sample will be put together via selective sampling. The interviews will be transcribed and evaluated using qualitative content analysis. Preliminary results show different challenges and need for support for families according to their preferred basic orientations as well as social status. It is clear that the support should be provided at an early stage and integrated into daily life. It can also be said that education and social integration require considerable effort from both the immigrant families as well as from the host community. Immigration is one of several factors which affect educational development and social integration. Simplifying a family into nearly their immigrant background clouds an understanding of their complex situation. Interviewees would like to be accepted as an integral component of society. Education and social integration appear thereby as cross-sectional task among general tasks of society.

P120 The incidence of depression in pregnant women is high in a Uruguayan population and predicted by emotional and physical abuse in mothers' family of origin: a pilot study.

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Many studies show a high incidence (5-30%) of depression during pregnancy (prenatal depression) around the world. Prenatal depression is also predictor of postpartum depression. There has been no study in the Uruguayan population of the factors that trigger prenatal depression or predict it. In the current study we investigated whether a history of child trauma and parental bonding predicts prenatal depression. Fifty pregnant women from a heterogeneous Uruguayan population recruited in two health institutions were randomly invited to participate and complete demographic information, and the Spanish versions of the Child Trauma Questionnaire (CTQ), the parental bonding instrument (PBI), and the Edinburgh Postnatal Depression Scale (EPDS). Twenty percent of the recruited population showed symptoms of prenatal depression (Edinburgh score >10). EPDS scores were predicted by CTQ factors, Emotional abuse ($R^2=.52$) and Physical abuse ($R^2=.49$) and by PBI factor, Maternal Care ($R^2=.26$). Stepwise or logistic regression showed that the emotional abuse dimension could alone predict as much as the other dimensions of the CTQ or variables of PBI. There was no relationship between EPDS during pregnancy and age, educational level, or income. This study suggested that, like other forms of depression, prenatal depression is high in the Uruguayan population. Besides, emotional and physical abuse are important risk factors, and the screening of depression and child trauma during pregnancy using EPDS and CTQ scales could permit the early detection of unattended severe cases of depression in pregnant women.

P121 Jewish perception of the autistic child and the effect on parental attitude

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introduction: Parents of disabled children, such as those diagnosed with ASD, experience a lasting grieving process over their 'fantasized child'. The way parents perceive the diagnosis and its level of determinism affects their ability to process that grief and the choices they make taking care of their disabled child. Various factors affect parent attitude toward diagnosis and treatment. One of these factors is their religious belief and specifically that concerning the challenge of taking care of a mentally disabled child. Those individual theosophical standpoints interact with any more common Jewish perceptions of autism. Some traditional Jewish texts identify the autistic with the 'fool', i.e., the one who lacks wisdom and consciousness, hence free of any religious demands. Contrary to this perception, the autistic syndrome had provoked mythical projections, attributing 'angelical' characteristics, as well as unique ways of communicating with the spiritual world, to those suffering from autism. These are but two extremes of many possible ways Jewish believers perceive autism.

The aim of our study is to assess ways of making the treatment afforded to autistic children, accessible to a population characterized by standpoints affected by the spiritual Jewish world. Accessibility implies, among other things, using interventions and tools compatible with parents' standpoints and beliefs.

Method: Our survey will address parents of 3-7 Yr. old children from the ultra- religious community in Tzfat (a town in northern Israel), diagnosed with ASD. The survey will be based on parents' interviews and attitude questionnaires. Independent variables will include: "common and individual

beliefs and perceptions of autism" and "parents' attitude". The dependent variables will include: "level of compliance with the set of treatment provided in school" and "motivation and active involvement in the therapeutic processes".

Conclusions: this is a planned study and will have results within two months

P122 Psychological distress in pregnant Australian Indigenous women residing in rural and remote New South Wales.

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Background: Pregnancy can be a stressful time for many women. There is ample evidence of numerous physical and mental health inequities for Indigenous Australians. For those Indigenous women who are pregnant, it is established that there is a higher incidence of poor physical perinatal outcomes when compared with non-Indigenous Australians. However, little evidence exists that examines psychosocial distress for pregnant women in this community.

Aims: To establish the rates of psychological distress likely to indicate a clinical condition in pregnant Indigenous Australian women.

Methods: 150 Indigenous women were invited to complete data during each trimester of their pregnancy. The measures used were the Stressful Life Events, Discrimination Survey, the Impact of Events Scale and the Kessler – 10.

Results: Extremely high rates of depression, anxiety and post-traumatic stress disorder (PTSD) symptoms were reported by participants. Approximately 40% of this group exhibited PTSD symptoms during their pregnancy with mean score ($M = 33.38$, $SD = 14.37$) significantly higher than a large study of European victims of crisis, including terrorism attacks ($M = 20.6$, $SD = 18.5$). Depression and anxiety symptoms in pregnant Indigenous Australians residing in the community were likewise high with 31% scoring in a clinically significant range for at least one visit.

Conclusions: It is well established that antenatal psychological symptoms are on a continuum with postnatal depression and anxiety. Given these extreme levels of distress can lead to postnatal depression with negative implications for both mother and infant, an urgent response must be mounted at government, health, community development and research levels. Immediate attention needs to focus on the development of interventions to address the high levels of psychological distress that pregnant Australian indigenous women face.

P124 Painting a clearer picture for social and emotional wellbeing: ArtsHealth innovation within Australian Indigenous families

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The Gomeroi gaaynggal program in Tamworth and Walgett in NSW, Australia works in partnership with Indigenous communities to understand the development of chronic diseases in women and their children. This is achieved through its research and a community ArtsHealth program.

Indigenous Australians have poorer health outcomes when compared to non-Indigenous Australians impacting on their physical health and consequently on their psychological health. Indigenous people identify 'good health' as a balance of mind, body and spirit and take a holistic approach to their physical health as well as their social and emotional wellbeing. Within Australia, Indigenous women have double the rates of preterm births and low birthweight infants compared with non-Indigenous women. Prematurity and low birthweight impacts on multiple factors of infant's physical and psychological development and their future risk for development of chronic diseases. Utilising innovative ArtsHealth strategies facilitates opportunities to raise awareness of the risks of chronic disease, including social and emotional wellbeing within the Indigenous community. The ArtsHealth sessions are supported by an Elder, Indigenous and non-Indigenous Researchers and allied health professionals who sit and 'yarn' with the women. The Gomeroi gaaynggal program facilitates opportunities for participants to yarn with multidisciplinary health professionals, increasing awareness of the impact of social and emotional issues on their wellbeing through inquiry and expression of art. These sessions support open discussions about the women's health leading to the development of art works that have been exhibited, a cookbook highlighting nutritious meals for their families, building of a vegetable garden at the Centre, and increasing strategies to support maternal psychological health. This is a successful long term program with close relationships with Indigenous women of the community that is facilitating improved infant development and parent-infant relationships. This presentation will discuss the outcomes and how this program could be translated for other hard-to-reach vulnerable population groups.

P125 The asylum seeking infant: playing with reality in detention

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The world is witnessing large numbers of men, women, children, and infants displaced by war, persecution, and extreme poverty. The worst refugee crisis since the Second World War was being effectively ignored until one powerful picture of a little boy's drowned body forced the world to realize that it is not enough to simply witness, we must act. But how? The Australian response to people seeking asylum is to enforce indefinite mandatory detention and off-shore processing. The resulting mental health problems for those detained are significant, with infants and children particularly affected. Through story-telling, this paper aims to give voice to infants inside an Australian detention centre. A playgroup for babies and their parents was offered by a group of infant mental health professionals working as volunteers. The reality of detention provided sometimes impossible challenges for babies, parents, and volunteers alike as they all struggled to make, use, and hold a space to play. By providing insights into the infant's experience of detention the paper serves as a cautionary tale: the world must act in such a way that asylum-seeking families are free to play.

P126 Exploring the cultural determinants of early childhood viewing practices

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Introduction: Cultural researchers have clearly documented that differing cultures have different norms and expectations with respect to their children's development. However, there is a dearth of research regarding the impact of parents' cultural beliefs and attitudes about specific programming on the television viewing habits of young children. Recent data analysis highlighted that differences exist in the ways in which ethnically/racially diverse parents believe media impacts their child's development. Recent studies reflect that children under the age of 5 are watching increasing amounts of television, and disparities exist in that ethnically/racially diverse children are watching more TV than their non-Hispanic white peers in the U.S.

Aims of the Study: 1) To examine beliefs, priorities, and concerns of a racially/ethnically diverse sample of parents regarding stereotypes and portrayals of race/ethnicity, and culture in children's TV.

Material and Methods: Parents/primary caregivers were asked to complete a survey that assessed child and family characteristics including: TV use, 6 questions about parental beliefs regarding inclusion of ethnically/racially diverse programming in their children's media diet, etc. Logistic regression analyses were performed on parental responses and child and family characteristics.

Results: The data reveal that although parental desire for ethnic/racial diversity in children's TV shows is fairly constant across diverse ethnic/racial groups (~80-90%), the motivation behind that preference may vary by race/ethnicity. The issue of racial concordance in children's TV (programs with characters who phenotypically resembled the children watching) emerged as especially important for all racial/ethnic diverse families relative to non-Hispanic white families.

Conclusions: Taken together, the racial/ethnic differences in rates of TV consumption, the potential for TV to provide important input for young children's developing understanding of race, ethnicity, and culture, and the role of parents in mediating young children's TV exposure needs to be understood.

P127 The Global Problem of Child Maltreatment: Perspectives on Mechanisms of Influence, Illness Presentation, and Intervention

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Three child psychiatrists present their perspectives on their experience with child maltreatment, offering clinical data from orphanages in El Salvador, India, and suburban Paris. The questions addressed include (1) What are the mechanisms by which abuse and neglect influence the development of mental illness in the child who may then become a parent, creating a vicious cycle of malfunction in succeeding generations? (2) How can we explain the different presentations of mental illness related to childhood maltreatment in different parts of the world? (3) What are some practical interventions that can be used to break the cycle of maltreatment and mental illness in both resource rich and resource poor communities? Most of the research on the consequences of childhood maltreatment has been done in Western countries. The presenters will describe interesting differences in the presentation of disturbances traceable to early maltreatment that can be identified in children in developing countries with collectivist societies. Sophisticated videotape intervention therapy in infant-parent dyads of Paris will be contrasted with the less expensive consultation to caregivers of children and adolescents – some soon to become mothers – in the

developing countries of Central America and India. Videotape examples of both interventions will illustrate the presentations.

P128 Cultural differences in social-behavioral problems and competences between American and Japanese children

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Introduction: Children's social behavior occurs within their cultural context. This context may influence children's social-emotional behavior problems and competences in early life.

Aims of the study: This study examined cultural differences in social-emotional behavioral problems and competences between American and Japanese children aged 1 and 3 years.

Material and Methods: To assess Japanese children's social-emotional behavioral problems and competences, the Japanese version of the Brief Infant-Toddler Social and Emotional Assessment (J-BITSEA) was used. The J-BITSEA is an instrument that assesses 1–3-year-old children's problem behaviors (externalizing, internalizing, and dysregulation) and competencies (compliance, attention, mastery motivation, imitation/play, empathy, and prosocial peer relations). We compared the mean scores of the J-BITSEA with the norm data of the original BITSEA that was collected nationally in the US ($N = 600$).

Results: Caregivers of children aged 1 to 3 years were randomly recruited by age- and gender-stratified multistage sampling from the Basic Resident Register in Saitama Prefecture, Japan. Of the 1500 eligible participants, 659 caregivers responded to the questionnaires resulting in a response rate of 43.93%. Participants who had missing values on their questionnaires or who had children with a severe congenital disease were excluded; therefore, data from 578 respondents were analyzed (valid response rate = 87.71%). For both boys and girls between 12 and 23 months, Japanese children scored significantly higher than American children on problem behaviors ($p < .001$). Japanese boys had significantly lower competences than American boys ($p < .001$); however, there were no significant differences for girls.

Conclusions: Results indicated specific cultural differences in social-emotional behavior problems and competences between American and Japanese children aged 1 to 3 years old.

P129 Parents' socialization goals in the context of cultural transition: The case of mothers and fathers from the Bedouin society of the Negev

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The Bedouins of the Negev are a unique minority group living in southern Israel. They are known to be a formerly nomadic society characterized by tribal collectivism. For the past few decades, the Bedouin society has been undergoing a process of cultural transition, which may have great influence on parenting and family dynamics. The purpose of this study was to improve the understanding of the broad context in which parenting and child development take place in Bedouin society by exploring the images Bedouin parents have of the adults they wish their children to become. We explored these images as expressed by parents' ratings of individualistic and collectivistic socialization goals (SGs), while also examining the eco-cultural factors that may be related to these images. Specifically, we examined the relations between SG preferences and parental acculturation attitude, parental education, and child gender. Participants included 65 Bedouin mothers and 30 Bedouin fathers. Parents completed the Acculturation Questionnaire and the Socialization Goals Rating Task. Results indicated that mothers who had higher education and

those who had higher levels of contact and participation in Israeli-Jewish culture preferred more individualistic SGs over collectivistic SGs for their children. Furthermore, acculturation level was a stronger predictor of maternal SGs than level of education. Contrary to mothers, fathers' SG preferences were found to be related only to their level of education and not to their acculturation levels. Finally, both mothers and fathers preferred individualistic SGs for their sons and collectivistic SGs for their daughters. Findings suggest that mothers' SGs are susceptible to change as a result of their acculturation attitude, whereas fathers' SGs are somewhat immune to this factor. Furthermore, findings demonstrate conflicting trends prevalent in Bedouin parents' long-term goals for their young children today - a trend towards modernization and a trend towards conservatism.

P130 Facilitating psychosocial development in children without families

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In 2013 there were 92,8 thousand orphan children and children without parental guardianship. About 18 thousand of orphans are brought up in institutions. Recent studies on the mental health and social skills of children show the fundamental difference between the mental health of children growing up in families and those children deprived of maternal and family care. For many children placed in institutions in early infancy, developmental problems and lack of social adaptation are evident. Within institutions there are not enough opportunities for orphans to learn and acquire the life skills necessary for life beyond the orphanage. There is an urgent need for new care strategies in the orphanages in order to promote normal mental development and socialisation. Our pioneering project initiated by child psychiatrists and psychotherapists in Vinnitsa, aims to promote positive mental health and normal psychosocial development in these children through an educational programme on early development, attachment and infantile needs of these children, for each family. The programme has also been established for the specialists working with orphans and for fostering parents. We have also developed a system of mentoring and supporting both the orphans (after leaving) and their parents.

Observations show that children in these institutions rely on strategies to cope with life in the institution, but these result in maladaptive, dysfunctional behavior once they are in the families. Difficulties in adaptation to family life cause family problems and obstacles to adoptive parents and children getting along. In some cases that resulted in rejection of the child and the responsibility to care for him, by parents. As a consequence children are returned to the institution, causing additional developmental and behavioural problems for them and problems for the future of their care. These issues require fresh approaches to institutional care and foster placement of orphans.

P131 Being with a baby: Finding meaning in a 'meaningless?' world

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Introduction: How can an infant mental health worker engage the baby and the caregivers across widely varying and confusing, sometimes even chaotic contexts? How can one balance the checklist approach with widely varying subjective and cultural narratives that encircle and impinge upon the baby, its caregiver(s) and professional(s)?

Aim: To facilitate reflection rather than provide any ready answers. To celebrate and share in this truly significant event.

Description of project: I will attempt to bring together very different strands from literature (e.g. work of Milan Kundera), infant mental health research (e.g. How infants know minds, Reddy, Vasudevi, 2008) using stories to help (e.g. The therapeutic use of stories Dwivedi, K N, 1997; Telling Tales, Arthur Rowshan, 1997) and my own journey as a practising and consultant lifespan psychiatrist with special interest in infant mental health. I will also be making use of images by a self-taught expressive artist who began as a metallurgical engineer but is a social commentator. His paintings speak louder than words. Another peer has promised to accompany. Literature and art can entertain, enlighten and facilitate communication between a practitioner and client. Should access to academic and clinical knowledge be regulated? If yes, then by whom? As many current stalwarts in the field of Medicine and other specialities (e.g. Sir Al-Ainsley Green in a recent AIMH conference, Baby in Mind, 16/09/2015) point out, we know it is 'needs, nurture, communities'. Let us agree to disagree but also agree to agree. Technology is rapidly bridging the gap within currently manifesting global village. How to ensure that the best practice is available to the weakest link?

Conclusions: Participants can draw their own conclusions and respond as they wish. Maybe we just need a new vision.

P132 Father/mother relative involvement in infant care: A new measure and some intriguing results

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Introduction: Both fathers and mothers play a unique and crucial role in a child's development from birth and their level of involvement in child care and education is changing in our society. This study aims to assess the balance of mother vs father involvement in infant care during the first year of life, by means of a new, brief questionnaire.

Method: A longitudinal study involving 159 mothers of healthy full-term infants assessed at age 3, 9 and 12 months. A new questionnaire measuring the relative degree of involvement of the mother vs the father in 15 child care tasks (e.g., changing diapers) was developed and administered.

Results: The new measure shows adequate reliability and a single main factor. Mothers are clearly much more involved in infant care than fathers. The relative balance of parents' involvement is moderately stable from 3 to 9 months, but quite stable from 9 to 12 months. The relative involvement of the father increases significantly from 3 to 9 months, but non-significantly after that. Relative father involvement is significantly higher if the baby is the mother's first child. This effect, however, is qualified by a marginally non-significant interaction making this effect apparent only for female infants.

Conclusion: The new measure appears promising as a simple, reliable measure of relative mother vs father involvement. Results showing greater father involvement if the baby is the first child and a female are intriguing and in need of replication, given that most of the literature indicates greater father involvement with sons. Comparative studies in different countries would be especially important to check whether this is a specific feature of Portuguese culture.

P133 Microanalysis of intermodal interactions between traumatized mothers and their infants, in humanitarian context

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Within humanitarian contexts, the situations of extreme emergency are characterized by individual and collective traumas. It is therefore important to accede to the specific mechanisms and process of transmission of trauma. In the study we examined the mechanisms of trauma transmission between the mother and her baby. 20 mothers-infant dyadic interactions were videotaped in humanitarian contexts and coded through a specific grid generated in order to analyze the different variables. We examined the separate modalities of communication for both mother and the baby: touch, visual affect and vocal affect; the orientation of visual and vocal modalities and we added some pairs of infant-mother modalities in order to provide a holistic approach and better understanding the quality of the interaction and the preferential modality of communication. The analysis of the interactions highlighted that traumatic events affect mother availability to interact with the infant. Differences in interaction during and after the traumatic narration suggests that the trauma transmission process strongly involves different modalities beyond verbal as most of the babies were in a preverbal phase, unable to understand the real meaning of the narration. These results are capital for the better knowledge of direct factors and content of trauma transmission in infants.

P134 Transcultural current questions: baby and trauma

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This symposium aims to present the results of our current research about traumatic semiology for the baby, the trauma transmission from a mother to her baby, the therapist's counter-transference with traumatized patients and recommended care modalities. Findings highlight the necessity to observe closely the infants, the mother-infant dyads, and the therapists' experiences in humanitarian settings. A focused observation allows us to adapt our clinical approaches to the specific needs of the target population. These researches are related to the following research units: EA 4056 PCPP Sorbonne Paris Cité UTRPP, Inserm Unit U1178 and Epicentre and Médecins sans Frontières

P135 Exploration of trauma transmission through countertransference: a qualitative research

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To explore the mechanisms implicated in trauma transmission through counter transference reactions in therapists working with traumatized patients: to identify trauma impact on therapists and the processes underlying vicarious traumatization. Semi-structured interviews of one hour and

a half in average designed for the purpose of this research were conducted with 31 therapists working with traumatized patients. The interviews were analyzed following the principles of the Interpretative Phenomenological Analysis. Findings reveal important interrelation between context of work and countertransference reactions; implication of the therapist's body as a pre-symbolic inscription of the patient's trauma. Several indicators of trauma transmission amongst therapists have been identified throughout their narratives. Transitory disruptions in the therapists' beliefs highlight the intense mobilization of countertransference reactions to trauma. Disorganization in therapist's narrative structure reflects the style of therapists' defense mechanisms implicated in countertransference. Transgressive aspects of the trauma narratives are the most implicated in the disqualification of the patients' culture of origin.

Conclusion: Findings of this study underline the presence of trauma transmission and depict channels through which it is conveyed within countertransference reactions. This transmission is not static and does not necessarily obstruct the therapeutic alliance.

P136 Mother-infant transmission of trauma in a transcultural context

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There is clinical evidence of the existence of mother-to infant transmission of trauma, but it is necessary to clarify what is actually transmitted to the infant and how. The research involves the investigation of the mechanisms of transmission of trauma through the observation of their interactions. This study is based on a sample of 20 dyads. Mothers were exposed to traumatic events. The age of the babies was between 2 and 36 months. Mothers were asked to answer to semi-structured interview in the presence of the infants. The mother-child interviews were audio and video recorded. Mother to infant transmission of trauma was assessed. Different scales are used: for mothers: IESR, HAD (Sigmund & Snaith). We also use Edicode (Pierrehumbert) in order to assess the traumatic story's coherence. In this presentation, we present a macroanalysis of those experiences. Results support previous finding on the association between the emotional availability of the mother and the quality of the interactions. Infant reactions are influenced by the inappropriate answers of the mother. Transmission is influenced also by the role of culture. Our findings highlight the necessity to consider the cross-cultural aspect in association with the traumatic event as fundamental aspects of trauma transmission.

P137 Engaging fathers from an ethnic minority community during the Perinatal period: the challenges and the triumphs

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Fathers have been taking increasingly more duties and responsibilities to raise their young children compared to past generations. We now know that the father's involvement has been empirically found to be associated with later positive child psychosocial outcomes. Expectant and the new fathers from an ethnic minority community have different needs due to their social and cultural differences. In the US, African American and Latino new fathers have higher rates of mental health difficulties. They are also more likely to be unemployed, arise from a chaotic family

structure, engage in substance abuse, and have higher rates of incarceration. Many of the new fathers had experienced childhood trauma or have experienced the absence of a father figure in their own lives. To engage fathers during the prenatal, delivery and postnatal care of the mothers and infants to improve perinatal outcomes. Truman Medical Center, a teaching site for the University of Missouri Kansas City serves low-income, urban, medically underserved neighborhoods with predominantly African American and Latino communities. At our Perinatal and Infant mental health service, we strive to involve fathers during the perinatal period. We conduct special groups (such as 'Minding the Baby') for the pregnant mothers and their partners. We encourage a 'mentalization' based approach to interactions with others and toward fatherhood, highlight the importance of attachment with the child and sensitive parenting behaviors. We attempt to explore their perceptions of fatherhood, their experiences with their own fathers and the obstacles to meeting their paternal aspirations. We focus mainly on improving three areas: the father–mother relationship, the father–child relationship, and the child's household and practical or financial context. Persistent efforts to engage fathers from the ethnic minority community during the perinatal period can result in significant positive outcomes for the mothers and infant mental health.

P138 Babies' and child's post-traumatic syndromes. Evaluation and care

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Awareness of war trauma effects on adults has increased, but impact on babies and children have not been enough studied, recognised and treated. Since 1989, we have focused our psychiatric expertise with "Médecins Sans Frontières" (international medical organization which act in countries in war) in regions of war and catastrophes around the world. We have built multidisciplinary intervention strategies, taking into account the cultural and social context and every specificity of the observed pathologies in these situations of severe crisis, which concerns directly as well as indirectly the destruction of family and group. Through concrete situations of babies and theirs parents we analyse and evaluate modalities of psychological suffering of children, the clinic of trauma and above all the modalities of care. We will discuss why strategies of intervention have to be defined with local teams and have to be the subject of training sessions on the spot. These local settings allow taking into account the individual, familial, social and cultural competences and resilience in each situation and each field. Psychiatric intervention for children facing situations of extreme crisis require the establishment of strategies for evaluation and care, with a pragmatic and multidisciplinary framework, valuing cultural and social contexts.

P139 Importance of fathers in child rearing

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H.E. Fitzgerald et al., 2015, reviewed the studies that had appeared on fathers since John Nash in 1965. For Millikovsky-Ayalon, M.; Atzaba-Poria, N., 2015, depressed mothers underestimate fathers' commitment and exaggerate the child's difficulties. Benzies, K.M.; Magill-Evans, J.; 2015 demonstrate that it is possible to increase father's sensibility. Inclusion of fathers in the treatment of postpartum maternal depression (R. Fletcher, 2009), and prenatal approaches of fathers with ultrasound in 3D when postnatal difficulties are suspected (M. Ammaniti et col., 2010), are communications that highlight the importance of fathers in child rearing. This poster focuses on the arguments from my recent book (M.A. Cherro-Aguerre, 2015).

Poster Session 6: Promotion and prevention in community context

P140 Psychoeducation programme for families/caregivers of young children

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Introduction: Half of all lifetime cases of mental illness begin by age 14, although treatment typically does not occur until a number of years later. Early age of onset is associated with a longer duration of untreated illness and poorer clinical and functional outcomes. Early detection and timely and adequate interventions - support and treatment for children with mental difficulties are crucial for maximizing potential of each child. Interventions during the early stages of a disorder may help reduce the severity and/or the persistence of the initial or primary disorder, prevent secondary disorders, and improve clinical and functional outcomes.

Aims: Public education campaigns to improve mental health literacy amongst parents, caregivers and teachers is the first step to increase help-seeking for children. Good communication about mental health and mental disorders, such as translating research findings into plain language including information about prevalence, prevention, selecting effective interventions, promotes competence and personal control of parents/caregivers over their children's mental health, and improves the caregivers' collaboration in the mental health care services.

Description of the work: We developed a psychoeducation programme for parents/caregivers, teachers, general practitioners, pediatricians of young children (age range 0-7) at the Psychiatric Hospital for Children and Adolescents. The programme is composed of four 90 min weekly sessions regarding education on the normative development during early years, common disorders and strategies for managing symptoms, behaviour and comorbidities of children mental disorders.

Conclusions: Improving mental health literacy increases early detection, intervention, access of children and their families to mental health care and the caregivers' collaboration in the treatment process that are essential for the children's potential to live fulfilling and productive lives.

P141 The role of community initiative in addressing effects of adverse early childhood experiences: A scoping review

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Introduction: Early childhood is an extremely critical period of development due to numerous physical and psychological vulnerabilities of young people. There is strong evidence that children who live in contexts of adversity (i.e. poverty, violence, difficult family situations) are particularly vulnerable and primarily at risk for physical, emotional and behavioral health problems across the life span. Thus it is crucial to research and understand how community could help decrease vulnerability among children.

Aims of the study: The aim of this proposal is to present the results of a scoping review that examined the role of community initiatives in addressing effects of adverse childhood experiences by both increasing resilience and reducing exposures to adversity.

Material and methods: We searched peer reviewed databases, reference lists, key journals and grey literature limiting the search to English and French language articles published between 1990 and 2015.

Results: There is currently little body of research concerned with community programs aimed to address effects of adverse childhood experiences. Most of the programs were implemented in schools within areas of extreme poverty, crime, and racial concentration. Information is scarce regarding community initiatives that took place outside schools and in less extreme adversity contexts. Moreover, most of the programs focused on strengthening resilience in older children, whilst there is a paucity of prevention initiatives targeting high-risk families around birth and early childhood.

Conclusions: We argue that broader community initiatives taking place in settings where children are seen and cared for (i.e. health care facilities, schools, social services, child welfare agencies) would help the treatment of effects and, more important, the prevention of adverse experiences in early childhood. We present a protocol of a Community-Based Participatory Research aiming to identify best strategies designed to address effects of adverse childhood experiences.

P142 “Open House” program for born to three children's and their mothers as an opportunity to improve Mother Insightfulness

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Rationale: Mother Insightfulness is crucial for developing an infant secure attachment, which in its turn increases the probability for the child to develop to his full potential.

Objective: This study was conducted to determine whether the Open House program contributes to Mother Insightfulness and to mother and child wellbeing in general.

Methods: The Open House program is a program where mothers and their children, coming from low socioeconomic neighborhoods, can gather together periodically (once a week) with professional personnel at an informal atmosphere (“on a cup of coffee”) for a meeting to share their problems and get professional advice. Four mothers participating in the Open House program were interviewed. Two mothers participated in the program for one and a half years and two for half a year. The interviews were constructed in a way to determine whether the Open House program contributed to Mother Insightfulness and to their Social and Emotional wellbeing.

Results: It was found that there is a positive correlation between participation in the Open House program and Mother Insightfulness as well as Social and Emotional wellbeing. The longer the mother participated in the program the chance of finding a positive Mother Insightfulness was increased.

Conclusion: The Open House program contributes to mothers and their children in different aspects. It contributes to Mothers’ Insightfulness as well as contribution to Social, Emotional and Behavioral wellbeing.

P143 Video-feedback infant mental health support intervention in a pediatric primary care setting

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Introduction: Internationally there is wide spread support to improve the health care system by effectively integrating mental health and primary care. The integration of infant mental health within pediatric primary health provider services seems even more strategic.

Purpose of the project: Our case series study evaluated the feasibility and acceptability of a behavioral/cognitive psychological intervention in a pediatric primary care setting during standard well-baby visits. The aim of the intervention was to support caregiver's sensibility and mentalization in order to promote infant mental health. The key to the intervention was the use of a video-feedback intervention protocol.

Description of the project: At their first well baby visit neonates' caregivers were offered a series of short video-feedback intervention conducted by a pediatrician. The five minute interaction recording and the video-feedback session were performed during the same well-baby visit and in the same pediatrician's office where the physical examination was conducted. During the study period, eight video-feedback sessions were performed for each baby at different ages (1,2,3,4,6,8,12,18 months) filming and discussing different interactional situations (touch, cry, affective matching, descriptive language, feeding, separation and autonomy, book reading, limit setting).

Conclusions: We consider this primary care based approach extremely important because psychological interventions delivered by practitioner in pediatric clinical settings offer considerable advantages of greater ecological validity, potential generalizability, and clinical significance compared to interventions conducted apart from the clinical context. All participants valued the intervention as useful to them in enhancing the ability to understand their behaviors and their infant's behaviors better. They reported feeling more confident themselves as parents and more aware of their capabilities. A lot more information is needed, but the addition of video-feedback sessions to well-baby visits so far looks full of promise.

P144 Mellow Parenting supports babies and children to stay out of institutional care in Tajikistan

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Introduction: Tajikistan has traditionally relied on institutional care and limited income support to children with disabilities and other children at risk. Parents are in general poorly informed about the harmful effects of institutionalisation on their child's welfare and development.

Aims of the study: Enable family support centres to prevent children being placed in institutional care by strengthening parent-child relationships.

Material and methods: Training was delivered to 23 new Tajik Mellow Parenting facilitators in 2010 and 2013 plus ongoing support. Family support centre teams identified mothers and children who might benefit. 8 Mellow Parenting Groups at family support centres were delivered between 2010-2014.

Results: 68 mums and 68 children attended 14 week groups. Only 1 mum dropped out. 24 mums were identified who wanted to place their children in the baby home, 4 with a disability. Following the group, no child entered the Baby Home, 1 child already placed in the Baby Home

was taken home, 1 mum started her own business, 3 completed their schooling, 2 went to university and 8 found jobs. All have been able to access other forms of support. Qualitative feedback from an external evaluation highlights benefits to parents including self-esteem, knowledge and confidence.

Conclusions: In Tajikistan, Mellow Parenting Programmes have helped to strengthen parent-child relationships, prevented infants entering institutional care, empowered vulnerable mothers thus complementing and enhancing other early childhood and gatekeeping interventions.

P145 Early childhood prevention in a civil society

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In recent years every community in Germany has built up a network of early childhood prevention that supports families around the birth of a child. The aim is to improve development opportunities for both children and parents in family and society. The Federal Ministry for Family Affairs strengthens the expansion and installation of these networks for Early Prevention with a federal initiative. Beneath the key players in child protection, like youth services, health departments, hospitals, pregnancy consulting centers, doctors and midwives, also volunteer structures shall be part of the network. In the field of volunteer work Germany has a tradition of family self-help, e.g. neighbourly help, childcare and the establishment of kindergartens. Parental initiatives have taken an important part in building up structures for parents and their children. But sometimes professionals are watching the work of volunteers with both critical and sorrowful eyes. Main reasons are the worry about the deprofessionalization in Social Work and the vague separation of professional tasks and volunteer tasks. The Poster will show the results of our study of volunteer support and empowerment in a civil society. It gives an overview about the network of early childhood prevention with its different actors and systems and their relation to volunteer projects and programs. It's a contribution for a more clear relationship between professionals and volunteers in this field. Based on several evaluated volunteer projects and programmes in the early childhood prevention it will give recommendations for a productive and innovative collaboration of professionals, volunteers and self-help groups, like basic structures, a clean separation of tasks and respect for one another.

P146 Anxiety for care givers health about radiation in Fukushima —Did the accident at the nuclear power plant teach them about radiation?—

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Introduction: Hiroshima University has shown that children of radiation survivors have a higher incidence rate of radiation-related illness, particularly those with both parents surviving. It showed a direct genetic correlation in 2012. Following the Fukushima disaster, mothers in and around the area became very anxious about whether or not their children could play outside, could they eat and drink safely, was breast feeding okay, etc. In Japan, there are 17 nuclear plants; accidents could anywhere, however mothers are not given enough, reliable information and anxieties remain high.

Aim of the study: The purpose of this study is to clarify the situation of mother's anxieties and knowledge about radiation.

Material and methods: A questionnaire survey was conducted of mothers with 1 to 3 year old children. In Hiroshima, a pilot study was conducted. Ethical permission was granted by Hiroshima University. The contents of the questions were cognition of the information, fundamental knowledge, and anxiety about radiation.

Results: 25 questionnaires were collected from mothers of who had children of under 1 year old. 22 said "I was uneasy about radiation", 23 said "I am worried about radiation from food" Interestingly, nobody said, "I know where I can acquire information about radiation" and "I know the limit of the annual dose of radioactivity".

Conclusions: When an accident occurs, mothers need fundamental information, how to collect rice or water for making baby food, to be in a position to access information regarding the levels of radiation in the air and that this information comes from a reliable source, etc. Mothers' anxieties will increase if they continue to use unreliable information. We continue investigation, in order to carry out health guidance.

P147 Copenhagen infant mental health screening, CIMHS: Construct validity and predictivity of a general population measure

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Introduction: The Copenhagen Infant Mental Health Screening (CIMHS) was developed as first part of an intervention program embedded in the existing services in the municipalities in Denmark. CIMHS covers mental health problems in children aged 9-12 months and includes 24 items on sleep, eating, communication and language, motor activity and attention, emotional reactivity and social interaction.

Aims: To examine the construct validity and predictivity of CIMHS.

Material and methods: At age 9-10 months a consecutive sample of 2,973 infants were assessed by community health nurses, using the CIMHS. Item-response analyses were used to explore construct validity and define cases. A case-cohort sample of 418 children was assessed at 1½ year in a two hour session comprising Bayley Scales of Infant and Toddler Development, 3rd edition (Bayley-III), parent interviews (including Child Behaviour Checklist 1½-5), video-recordings of play and eating. Diagnostic classification was completed by experienced child psychiatrists according to the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised edition (DC:0-3R), the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-4) and the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10). Validity and reliability was investigated by Rasch item response analyses; the predictive validity was examined by multivariate logistic regression analysis.

Results: The Rasch analyses showed that CIMHS had high construct validity and identified patterns of infant mental health problems without differential item function for gender, age and perinatal risk factors. Preliminary analyses of predictive validity suggest high sensitivity.

Conclusions: The CIMHS seems to be feasible for population based screening and demonstrates good psychometric properties.

P148 Children in same-sex-headed families: what kind of support can they receive from the society?

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Belgium is one of the first European countries to legalize several types of parenting for same-sex couples (adoption, alternative insemination, in vitro fecundation) and to allow adoption by the social parent. In this supportive political context, lots of same-sex-headed families exist. Indeed, national statistics show that in terms of total number of children adopted in Belgium, the proportion of adoptions granted to same-sex couples is rising, going from 0.1% of total adoptions in 2009 to 1.5% in 2013 (i. e. of the 714 adoptions in Belgium in 2013, 11 were to homosexual parents). This emergent reality leads psychologists and counsellors to try to better understand those “new families” in order to find best ways to support them. This presentation aims at understanding the challenges that children of gay and lesbian couples still have to face. 1168 heterosexual participants aged from 18 to 81 answered a self-report questionnaire that assessed their degree of support and their attitudes toward child well-being and same-sex parenting. Results show that heterosexuals' participants do not show the same degree of support towards the different types of same-sex parenting. In particular, they show greater support for adoption by lesbian and gay couples than for single lesbians or gays, and they accept more adoption and alternative insemination than surrogacy. Those results highlight that citizens' attitudes can go from supportive to unsupportive towards different types of same-sex parenting. That could lead to some kind of discrimination towards children raised in specific forms of same-sex-headed families. This contribution highlights work's implication for public policy and social transformation by understanding the challenges that children have to face.

P149 Baby talks

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Introduction: There have been studies highlighting the impact of talking about babies and parenthood to teenagers. The positive aspects of these talks exceeds those of better knowledge about children development and parent responsibility, since there has been an association with better emotional awareness and emphatic skills on the adolescents attending this presentations.

Objective: Our project aims to bring closer both the world of babies and that of teenagers in an embracing and containing context such as the school. With "Baby Talks" we want to awaken the youngsters' curiosity as well as demystify some beliefs about babies. Moreover, we wanted to talk about babies' competences and real needs.

Methods: The implementation of "Baby Talks " started in April 2015 in a high school in Lisbon. To evaluate the impact of our intervention we provided the teenagers with 2 questionnaires, before and after the talk, and evaluate their responses.

Results: Results show a high impact on altering teenagers' beliefs about babies as well as a strong positive opinion about the talks.

Conclusion: The project was greatly acclaimed by the students.

P150 Parents and Babies Program in the community setting: a Portuguese experience

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Introduction: Early intervention programmes aim to establish firm foundations for positive parent-infant relationships and encourage child development, in order to prevent and reduce disruptions of the parent-infant bond which influence the infant's global development and constitute an increased risk factor for psychopathology *per se*, and the development of emotional difficulties, social behaviour, stress regulation and conduct problems, as well as of neural circuits underlying these functions. The Parents and Babies program was designed to allow parents to learn how to get to know their babies, by observing, stimulating, communicating and coping with babies' cues, signals, developmental needs and temperament. This paper aims to report the implementation of Parents and Babies Program in the community setting.

Description of the project: Primary Care Services were contacted to explain the group session plan and gather information on families to explain the inclusion criteria (parents with infants younger than 12 months and considered to have low socioeconomic status). The babies group will be held between October and December 2015 with a total of 8 families (therapeutic group) and 8 families in the control group (who will be given the program at a later stage), in Espaço Saúde Family Health Unit which have the advantage of facilities for parents and their infants within the building. Participants will be evaluated at the beginning of the group, at the end and 3 months later, using Griffiths mental development scale, a demographic questionnaire, Karitane's Parental satisfaction questionnaire, Beck Depression Inventory and Weekly assessment questionnaire.

Conclusions: Similarly to other studies, expected outcomes of this project include reductions in welfare expenditures in addition to improvement on health by supporting families at disadvantage at an early age before behavioural and social problems become rooted, as well as improvement in sensitivity towards their baby during play and maternal confidence.

P151 Who benefits from the support of family midwives?

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Introduction: In 2012, the *Federal Initiative of Early Prevention* was set up by the German Federal Ministry for Family Affairs. The initiative promotes diverse measures to deal with family dysfunction, child maltreatment and maladaptation of children. One of these projects is the municipal implementation of family midwifery care.

Aims of the study: For future professional development in this field, more knowledge about the success of the following interventions is required: Which families benefit from family midwife support?

Material and methods: The German *National Centre on Early Prevention* developed an online questionnaire for family midwives and other similar professionals in order to investigate the results of the interventions promoted by the Federal Initiative of Early Prevention. The data gained by the questionnaire are expected to provide answers on aspects such as families' specific need of help or the interaction between child and caregivers. Additionally, comprehensive information about possible influential factors of the outcomes was accessed (e.g. family burden, evidence for psychic symptoms of the caregivers). The questionnaire was given out three times and was filled in by *N*=190 family midwives. Data about a total of *N*=937 families were collected.

Results: Results on the prevalence of family-related risk factors and their specific needs for support will be presented. Furthermore, the development of the outcome variables (e.g. the interaction between child and caregivers) about the series of measurement will be discussed.

Additional differential analysis of factors with either positive or negative effects on the outcome, will be elaborated.

Conclusion: The study was designed to provide reliable data on psychological and social risks as well as specific needs of families who are supported by family midwives. Moreover, the findings may show evidence for specific clusters of features which go along with a more effective outcome of interventions carried out by family midwives.

P152 What does it take to become an effective home visitor? Competencies for university pedagogy

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To improve service quality, several groups are working to identify competencies needed to effectively work with families of infants and young children. For example, the US Head Start program established relationship-based competencies for working with families (ACYF, 2012), and Zero to Three has compared infant mental health competency systems (Korfmacher, 2015). The Collaborative for Understanding the Pedagogy of Infant/toddler Development (CUPID), a group of infant/toddler researchers and teachers from 20 US universities, is working to advance preparation of this workforce. CUPID members are using research to identify competencies that university students will need in careers with infants and toddlers. We reviewed existing literature on quality infant-toddler group care; reflected on our experiences; and reviewed other sets of competencies, standards, and practitioner endorsement requirements. We then outlined knowledge, attitudes, and skills needed in nine competency areas focused on group care of infants and toddlers. Now we consider home visiting competencies, for which resources we can use to define and describe competencies are more limited. A subgroup of CUPID used a similar process to identify competencies focused on working with parents and infants/toddlers during regular 1-2 hour home visits. As a result, all 9 CUPID competency areas for working with infants-toddlers were expanded to include additional knowledge, attitudes, and skills needed by home visitors working with parents to support their children's early development and well-being. Further, an additional competency was developed: Mentoring, coaching, collaborating, and problem-solving skills for guiding parents to support early development. These competencies will be presented with alignment to other relevant competencies, links to theoretical and empirical support, and potential competency measurement. Implications to be discussed include the high expectations for home visitors, university preparation in observed or supervised home visits, and common challenges such as parent mental illness or domestic violence.

P153 Prevention through high school education in child development and pre-parenting skills

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Introduction: Parenting is life's most important endeavor, and is the underpinning of our entire social structure and function. Eighty to ninety percent of youth will become future parents. Yet there are few educational requirements that prepare future parents with information concerning child development, infant mental health, and parenting preparedness. Scientific understanding in the latter areas has been burgeoning and is readily available for educational dissemination. Moreover, evidence from multiple fields supports the hypothesis that pre-parenting education will provide prevention effects for improved parenting and child health outcomes, including reduction of child abuse. Improvements in pre-parenting education may foster a cultural shift, in which concern for children's development and social practices that protect and support healthy children become a central part of public awareness and public policy. Teaching the science of child development ultimately may contribute to raising more caring and educated populations of children and adults. We believe that a generational approach to prevention will contribute to the viability of future generations.

Aims/description of the work: The workshop will describe two model programs from the presenters' work: the Parents Under Construction program, a pre-k -12 parenting education program, has been evaluated to be effective in impacting children's knowledge and attitude's about healthy discipline techniques, with these impacts found across demographics and longitudinal follow-up. The CCCDE has worked within another model, in which child development/pre-parenting curriculum can be embedded in existing high school science classes. Preliminary data on the program will be presented and current issues discussed.

Conclusions: Evidence from multiple fields, and data from two programs described in the workshop, supports the hypothesis that pre-parenting education will provide prevention effects for improved parenting and child health outcomes.

P154 Effective support for early childhood teachers and nurses in disasters

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Introduction: After a disaster, support for helpers is important in order to continuously aid sufferers. Therefore, we focused on the effectiveness of peer support among early childhood teachers and nurses, who become helpers for young children and their parents.

Aims of the study: This study aimed to demonstrate what support early childhood teachers and nurses received after the Great East Japan Earthquake. Furthermore, we considered effective types of support in future disasters for early childhood teachers and nurses.

Material and methods: About four years after the disaster, a researcher visiting each institution interviewed 13 managers in preschools and nurseries in the affected areas of Fukushima and Miyagi Prefectures. In the semi-structured interview, questions involved the following: 1) psychological peer support managers received, 2) what actually supported managers, 3) what kind of support managers want to provide in future disasters, and 4) psychological peer support

received by managers' colleagues. We holistically analyzed data—not limited to the psychological peer support received by early childhood teachers and nurses, including managers and their colleagues.

Results: From interview responses, 136 conceptions of support received by managers and 45 conceptions of that received by colleagues were extracted. They were categorized according to similar content, generating seven major categories: “emotional support”, “support and security from close others”, “cooperation and solidarity among early childhood teachers and nurses”, “advice, and support for decisions”, “concrete support by such as supplies and activities”, “information acquisition and having information networks”, and “pupils and professional duties”.

Conclusions: Early childhood teachers and nurses received various types of support after the disaster. Cooperation and solidarity among teachers and nurses are helpful, and support networks within and beyond the profession and the workplace are effective support when disasters strike.

P155 The infant perspective of Domestic Violence and homelessness: community-based early intervention of trauma with families living in refuge

Hodges, E.

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Introduction: Delivering early intervention programs with infants in refuge is the ideal opportunity to support children at risk of abuse, neglect and relational trauma arising from Domestic Violence (DV). However, the impact of trauma for infants is often overlooked with praxis of Australian DV community organisations conceptualising infants as an extension of their mother; a mother who is likely to be traumatised, struggles to understand her child's perspective of DV, and be experienced as a frightening/frightened caregiver.

Aims: Responding to the urgent needs of this cohort, specialist DV service, Emerge, implemented three closed infant-led group interventions with 11 dyads leaving violent relationships between April 2013 and October 2015. The main aims emphasise promoting attachments, the infant's perspective of DV, and overcoming the effects of DV. The program adopts a trauma-informed approach adapted from the Peek-a-Boo Club™, an initiative of the Royal Children's Hospital.

Description: This presentation discusses the benefits and challenges of delivering this group intervention to mothers and infants with the dual experience of DV and homelessness. Pre and post Parent-Infant Relationship Global Assessment Scale scores show promising improvements in the mother-infant relationship. Key findings encouraged maternal attunement and responsiveness with greater insight into the impact of DV from their child's experience. The group format is critical in enhancing parenting competence and confidence, which in turn, facilitated mothers being present to and 'learning' from their child. Clinical indications reveal infants' greater capacity to self-regulate, reversal of developmental issues, and secure attachment. Daily crises of food and housing insecurity, legal issues, and safety proved to be ongoing obstacles in attendance.

Conclusions: Limitations acknowledge mothers need wrap-around support with a lack of specialist services which to refer traumatised infants. Recommendations are to incorporate the program permanently into the service and for refuges to adopt a similar early intervention approach.

P156 Childrearing Support Activities in the Tsunami-disaster Area: How did Childcare Workers Resume Activities after the Great East Japan Earthquake?

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Introduction: The Great East Japan Earthquake and Tsunami disaster brought huge damage to the coast area of northeast Japan. At city-A, most of the city, including kindergartens and nursery schools, was swept away by the tsunami. Even now, loss of the family, communities and ordinary living have been exerting difficulty on parents raising children in this area.

Purpose: The purpose of this study was to describe how childcare workers in the city-A resumed childrearing support activity after the disaster. This is a part of ethnographic research concerning childrearing in a disaster area.

Methods: An ethnographic approach was employed for data collection and analysis. Participants were three childcare workers who were working at childrearing support center in city-A. All of them belonged to the social welfare section in municipality as the part-time childcare worker, and they also suffered damage from quake and tsunami. Data were obtained through unstructured interview concerning the childrearing support activity they resumed after the disaster.

Results: Childcare workers resumed a childrearing support activity within two months of disaster. Since most of facilities were swept away, childcare workers at different support centers cooperated on their own. Although it was catastrophic situation, they secured a safe building, and performed support activities regularly. Their activities spread through hand-made flyer and word-of-mouth communication. Furthermore, they visited shelters and temporary housings to grasp the daily life of children and parents, and carried commodities such as diapers and powdered milk. As a refuge life was prolonged, childrearing support demand was increasing. On the other hand, accumulated fatigue of childcare workers remained as a problem.

Conclusions: Despite the unprecedented catastrophe, childcare workers resumed and continued the activities with autonomy. Continuous childrearing support from the early phase of disaster might contribute to prevent mental health problems from children and parents.

P157 Regulatory problems of late preterm infants v.s. full term infants and maternal depression.

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Recent research suggests that late preterm infants (LPIs; gestation age 34 0/7 to 36 6/7 weeks) have more regulatory problems than full-term (FT). This study is a part of a larger-scale 3 year descriptive longitudinal prospective study. The aim of the study is to describe infants' sleeping, crying and feeding behaviors. The differences between FT and LPIs concerning crying, sleeping, nutrition and health and the wellbeing of their mothers will be assessed. Data collection started in March 2015. The researchers designed a set of questionnaires, labeled *Health and Wellbeing (HW)*, to measure infants' feeding, sleeping and crying behaviour and health as well as their mothers' need for support, customized for the infant's age at administration. Mothers receive a survey including *HW* and *EPDS*, an instrument measuring risk of postnatal depression, by email

when their infant is 1 month old and again at 4 months. Statistical analysis of the data will include descriptive statistics, comparison of groups and correlations. At the time of WAIMH 2016, data from approximately 80 mothers of LPIs and 180 mothers of FT infants will be available for analysis. The preliminary results for the mothers when the infants are one and four months old will show the feeding and crying patterns for FT and LPIs. Results will also indicate whether differences in crying and breastfeeding are to be found between FT and LPIs when controlling for maternal education, a factor that has been found to affect breastfeeding. They will also reveal the relationship between potential maternal depression and gestational age, breastfeeding and crying. It is concluded that if significant differences are detected, healthcare professionals must be made aware of the difference in order for LPIs and their mothers to get the care needed.

P158 Promoting early brain development and addressing toxic stress in pediatric practice
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Introduction: The science of early brain development and the understanding of role of toxic stress in the intergenerational transfer of health disparities underscores the need for a redesign of pediatric practice.

Aim: To demonstrate a model of pediatric care designed to promote early brain development and address the precipitants of toxic stress in an underserved pediatric population.

Description: Cincinnati Children's Hospital Medical Center cares for 30,000 children living in poverty in the southwestern area of Ohio in the USA. Families are screened for social risks upon entering the waiting room in the clinic. The system of practice has been redesigned to co-locate social workers, legal aid, home visiting, and community health workers on site to address needs identified by the screen. A shared electronic medical record allows for communication between the pediatrician and all the other important members of the child/family medical home team. Results from this model include resolved housing insecurity and food insecurity for families ($p < 0.01$); increased number of parents finishing high school and becoming employed ($p < 0.01$); increased number of children receiving optimal anticipatory guidance and immunizations ($p < 0.01$); earlier detection of developmental delay ($p < 0.001$); decrease in dental caries ($p < 0.04$); improved asthma control and decreased admissions for asthma exacerbation ($p < 0.02$).

Conclusion: A redesigned model of pediatric care, including screening for environmental precipitants of toxic stress and addressing these with co-located partners, can improve health outcomes in children living in poverty. This model also promotes the role of families in improving health and development in their children.

P159 A current report from a sick child day care center in Fukushima

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Introduction: In Japan, social care for working mothers is still a big issue. As working mothers are increasing, sick child day care centers are demanded more and more; it is one of the most important policies in Japanese child rearing support policies. In 1999, we started a sick child day

care center in Koriyama, the city next to Fukushima. We report the current issue of our sick child day care center.

Purpose: We report on the change in sick child day care center after the great east Japan earthquake.

Description: The sick child care center is next to our pediatric medical office in Koriyama. Most of the children suffered from infectious disease. The mothers' interview revealed that most of them feel safe and satisfied with the use.

Conclusion: The number of the users is increasing recently, even if the Koriyama child population is decreasing after the great east Japan earthquake. Especially after the earthquake, nuclear families increased, and their economic status got worse, mothers hastened to go to work. Most of the mothers aren't allowed to take off their time from work even if their children are sick. Sick child care center may promote the separations of mothers and children. We have to continue attentive research on the children in sick child care and investigate the effect of the separations.

P160 The role of maternal adverse childhood experiences (ACEs) in developing early parent-child relationships: A new model for intervention Hays-Grudo, J.¹, Morris, A.²,

Robinson, L.², Claussen, A.², Treat, A.¹, Hartwig, S.²

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Evidence from many fields of study attests to the negative and enduring effects of early trauma and stress on the developing child (Anda 2006; Shonkoff & Phillips 2000). Exposure to highly stressful environments in early childhood results in specific and predictable impairments in biobehavioral responses to stress, deficits that subsequently hinder cognitive development, emotion regulation, relationship formation, and future physical and mental health (Danese & McEwen, 2012; Fox, Levitt & Nelson, 2010, Miller, Chen and Parker, 2011). Evidence also indicates that these adverse childhood experiences (ACEs) can be mitigated by the presence of nurturing, supportive and stable relationships between children and their parents or caregivers (e.g., Gershoff et al., 2007; Luby et al., 2013). An obstacle to developing and maintaining these relationships is that many infants and young children in at-risk environments have parents and caregivers with their own histories of adversity and may be unable to consistently manage their own biobehavioral responses to stress. For example, child service providers report more ACEs than the general population, likely impacting their ability to form secure relationships (Esaki & Larkin, 2013).

We propose a new model for building strong and secure relationships between parents and young children. This model posits the primacy of mitigating the consequences of parents' poverty and adversity by identifying and addressing maladaptive biobehavioral responses to stress, impairments in emotion regulation, executive functions, and social relationship skills. We will discuss interventions that have been found to be effective in helping parents develop more self-awareness, sensitivity and responsiveness to others, and form more stable and nurturing attachments with their young children. Specific examples of interventions and strategies that help parents and caregivers develop adaptive responses to stress, such as training in mindfulness, executive functioning, and providing and receiving social support will be presented.

P161 Promoting Mental Health in Aboriginal, Immigrant and Chronically Disadvantaged Populations: A Mental Health Equity Impact Analysis

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Introduction: Handle with Care (HWC) is an evidence-based program intended to promote the mental health of young children birth to 6 years. It helps parents and other caregivers to foster their children's healthy development in four social emotional domains: attachment, self-esteem, constructive expression of emotion, and relationships with others.

Purpose: The HWC program was designed specifically to reach Aboriginal communities new immigrants, and families who have experienced longstanding poverty. The differential impact of the program on these populations was examined.

Participants: The sample included 352 parents/caregivers from different communities in three Canadian provinces (Prince Edward Island, Ontario, Manitoba) and one territory (Yukon). Of these, 51 (14%) were Aboriginals, 136 (38.6%) were new immigrants from the Philippines, Middle East, East Asia and Africa and 165 (47%) were Caucasian.

Results: Multi-group growth mixture modeling (Mplus--Muthén & Muthén, 1998-2012) was used to classify developmental trajectories of the three participating groups on the following measures: Parenting Sense of Competence Scale, Major Depression Inventory, Mental Health Continuum that measures "languishing" and "flourishing", Self-Care practices. Results indicated an improvement in positive mental health or "flourishing", a gain in sense of parenting competence, and improved use of self-care activities/practices in all groups. Distinct subgroups that represented differential within group trajectories were identified. The profiles of these subgroups will be discussed.

P162

Vamos, J.

Association Pikler Loczy de France, Paris, France

The world of birth and the first years of life in their various dimensions have been facing for many years a great challenge. Simultaneously occurring disruptions complicate the maintenance of the space to take care of individuals in general and the emergence of parenthood in particular. We believe in the possibility to hybridise the actual processes, to mix them by the coordinated affirmation of the artistic gesture and psychoanalysis, so that the baby and his parents are supported in their attuning to each other. The "l'art comme l'air" project, of artistic residency in the Bluets maternity, is the prefiguration of a larger research on the possibilities of a meeting of medical, psychological and emotional and poetic. The groups that accompany parenthood, animated by the psychoanalyst and supported by Emmi Pikler's ideas, create an enveloping environment to take the time favourable to the exercise of responsibility of each protagonist, creating an "oasis of deceleration", symbolic spaces replacing tension by attention.

P163 What sources help parents to make decisions for their child's health?

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Introduction: In modern societies people assume increasing responsibility for making their own decisions about their health or the health of people who are under their responsibility, such as children. Parents are challenged with seeking and understanding health information, comprehending medications, food labels and other materials or forms, and communicating with their providers. This study aims to assess the sources that help parents to make decisions for their child's health.

Method: 235 parents of children aged 0-6 living in the most socioeconomically disadvantaged areas in Lisbon participated by completing a questionnaire about the sources and frequency of use health information, easiness of understanding each source of health information and the degree to which each information source influences the decision making.

Results: The results indicated that the three main health information sources were general practitioner (GP), child and youth health book, 24 health line and prescription drug labels. GP, pharmacist and 24 health line were the easiest sources to understand. The sources that had the greatest influence in parents' decisions towards their child's health were the GP and pediatrician, 24 health line and personal experience.

Conclusion: Although the usage and presence of social media channels is rising, the real impact of them in parents' decision making process is low. The doctor remained the most popular source of health information, as well as the easiest source to understand and with greater influence in decision making.

P164 Talking with parents about infants' health

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Introduction: Parents have to manage daily decisions about children care that have implications for their well-being and health. Some parents do not have access to or do not understand the health information and are unable to navigate in the health care system. This study aims to assess the impact of a preventive action to improve health literacy and empowerment of socially vulnerable parents.

Methods: 60 Low-income, minority and immigrant parents of children aged 0-6 participated in a preventive action that consisted in workshops with practical exercises about healthy eating, food nutritional labels, use of health services, childhood immunization program and child and youth health book. Parents completed a 5-point Likert scale questionnaire (1-nothing to 5-totally) about the session.

Results: The results indicated that parents considered that the intervention was useful ($M = 4,83$), learned new information ($M = 4,33$), raised awareness about the relevance of parents decisions in child health ($M = 4,78$), increased the desire to get more involved in child's health ($M = 5$), were clarified about the importance of vaccination ($M = 4,78$), healthy food and food labels ($M = 4,33$), and child health book ($M = 4,94$). The higher level of clarification of these topic was associated with greater intent to comply with childhood vaccination schedule recommended by National Program of Immunization ($r = ,88, p=0,000$), to read more often the food labels ($r = ,90, p=0,000$) and to use more the child health book ($r = ,61, p=0,008$).

Conclusion: This kind of interventions created a potential space to improve parents' health literacy skills and empowerment and to change their attitudes concerning child's behaviors health.

P165 Holding our babies in community- making ring slings

Sager Evanson,W, Murphy, J.D.

Bountiful Babies, the Bountiful Alliance, T or C, United States

Bountiful Babies (BB) is a grassroots group in rural southern New Mexico, USA, where Maternal–Child Health services are scarce and poverty is extreme. We are a resourceful and innovative small community BB supports the intergenerational community gathering of making “ring slings” for wearing baby/ young child close to mother or caregiver. This provides a remarkably effective, low-cost community intervention that directly promotes the health, wellbeing, and development of infant, baby, and caregiver. The ring slings and "making of them" are becoming a community

tradition, which is having a deep and positive influence on our perinatal community, crossing ethnic, economic, and religious sectors. Supporting the heart of relationship and resiliency this activity can easily be adopted by any community. Our multi-faceted aim/purpose includes: nurturing and valuing expectant parents and those with infants and young children in our community, promoting maternal–child bonding and secure attachment through direct, embodied, relational experience, empowering mothers and caregivers to balance the demands of self-care, child care, home, and work, promoting optimal infant-toddler development, preventing neglect and abuse of children, decreasing maternal isolation and depression, and building community; practically, creatively and intergenerationally. The Community Gathering “Make a Ring Sling” is a three hour event. Volunteer community sewing mentors are paired with a parent/caregiver (expecting or with a child up to 2 years old). Together they construct a baby carrier to hold their child close to their body, allowing for free hands and movement, and close, sustained connection and attentiveness to their infant/child. Safety and benefits are discussed. We share a nourishing meal, tell stories, bond and build new relationships. In its simplicity, this purposeful gathering addresses the root of some serious and complex problems by touching, nourishing and affirming our relational nature. A strong piece of cloth, hands, hearts and a welcoming space are the requirements.

P166

Monahan, S., Talmi, A., Ash, J.

Early Childhood, The Civic Canopy, Denver, CO, United States

Research on the link between poor health outcomes across the lifespan and exposure to adverse childhood experiences (ACEs) has propelled the work of the Early Childhood Colorado Partnership (ECCP) and is transforming Colorado’s early childhood landscape. Last year, we hosted a statewide summit on toxic stress driving the connection between early adversity and health across the lifespan creating connections between diverse sectors to engage in mitigating toxic stress and promoting resiliency. We are successfully moving the agenda on early childhood mental health through broad promotion of research on ACEs, highlighting early childhood as a critical period in brain development and promoting best and emerging practices with stakeholders and the greater public. Colorado is moving forward simultaneously on multi-faceted approaches including an updated Early Childhood Colorado Framework, Early Childhood Mental Health (ECMH) Strategic Plan and a Crosswalk Prevention Framework (Strengthening Families, Two-Generation Approach, and Quality Standards for Family Support) resulting in communities and large systems partners embedding this work within their organizations to ensure policy and systems level change. Priority areas encompass child, caregiver, and systems level efforts aligned with other statewide endeavors. Evidenced by the First 1,000 Days Initiative which aims to dramatically improve prenatal, neo-natal, child and family outcomes and mitigate toxic stress through activities focused on supports and interventions for families with children from gestation through age two at a large regional children’s hospital. The five target areas – public awareness, provider training, policy and advocacy, screening, and targeted interventions – and activities in each will be detailed with great emphasis on population health. Colorado can serve as an innovative example of the power of partnership for countries to protect and improve infant mental health outcomes in the face of adversity.

13:15 - 14:45 Symposium

After a perinatal loss, grief and subsequent pregnancies

Moderator: Keren M.

Geha mental Health Center, Tel Aviv University Medical School, Tel Aviv, Israel

Discussant: Missonnier S.

Paris Descartes University, PSC, Paris, France

Prenatal attachment during a subsequent pregnancy after a therapeutic abortion. Attached to which child?

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Pregnancy after perinatal loss, are a particular time for these women. They have to bear the anxiety and grief. Some studies have shown that during this period of mourning, grief is either stronger or improved. We argue that this pregnancy will be a step in the grieving process. Women often feel like a betrayal if they invest the subsequent child ; as if it could mean to forget the one they have lost. We studied 24 women during pregnancy following a therapeutic abortion. The women were interviewed at 17 weeks gestation (GW), 27 GW and 37 GW. They participated in a special interview regarding their representations and experiences, and filled some questionnaires (EPDS, STAI inventory and prenatal attachment). Prenatal attachment is lower in women who have suffered a loss. Even if the end of pregnancy could be a time that allows them to feel reassured about the health of current baby, they are still reserved in their investment. By combining qualitative and quantitative data, we discuss issues raised by this result, the main question is to understand how their representations of the two babies are linked.

Shame in prenatal grief, from a conceptual approach to working out through therapeutic groups

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Among the different feelings found in the clinic of perinatal loss, shame occupies a special place that we will explore both conceptually and clinically. Shame is related both to narcissistic and to object-relationship experiences. It stems from the feeling of being disqualified by the object. Thus, the ego feels unworthy and helpless. It creates a sense of exclusion, the shameful person tends to avoid the gaze of others. Shame, though often present in these situations, is rarely expressed explicitly and thus it is harder to spot for professionals. To explore the issue of shame in prenatal bereavement, we rely on two clinical data sources: 1) A research currently in progress at the Hospital Necker-Enfants Malades (Paris) about pregnant women with a history of therapeutic abortion. We used semi-structured interviews at the three trimesters of pregnancy. 2) The therapeutic group for bereaved mothers of Perinatal Center Boulevard Brune (Saint-Anne's Hospital, Paris). This « open » group for women who experienced perinatal lost of a child is led by two psychotherapists on a weekly basis. Creating a therapeutic group of bereaved mothers seemed particularly relevant, among other approaches, to allow a better identification and working out of the feeling of shame.

Somatic Complaint in a subsequent pregnancy after a therapeutic abortion

De Wailly, D.^{1,2}

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Pregnancy is a unique psychosomatic experience which, when comes after an interrupted pregnancy, condenses the psychological changes of the new pregnancy with the detachment process inherent in perinatal bereavement. Perinatal bereavement is a high risk of melancholy if the loss is not recognized, despite the established rituals. We consider pregnancy following a loss allows an update of the grieving process, particularly through its somatic dimension, in parallel of narcissistic, objectal, drive and developmental dimensions developed by I. Leon (1995) and then contribute to the elaboration of the previous loss. The differentiation of both children, the one who died and the one who is expected, is then possible. Changing maternal representations during the new pregnancy reflects a gradual prenatal attachment, precursor link to weave between mother and child after the birth. Sometimes, in the absence of recognition of the loss, we are witnessing a melancholic evolution. The figure of the dead children can be an unbearable representation, which prevents development of previous loss and be an hindrance to the investment of the child to come. Somatic complaint by the narcissistic investment is pain, could be a calm before an intolerable representation for accessing a psychic inertia before gradual reobjectalisation

Destiny of a perinatal death on a future mother-infant relationship

Muller Nix, C.

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Perinatal death is a paradoxal experience, difficult to come to term with. How can a child be dead before even coming to life? How can a parent lose somebody unknown but strongly invested as part of them-selves? A parents suffering can be excruciating, if that lost can't be given an acceptable sense. Mothers can experience devastating guilt, feeling their body failed to protect their infant to be. Persistent guilt is an emotion particularly prone to lead to long complicated mourning, if parents can't share their feelings and give a reality to what has happened. It can affect not only parents, and mother's mental health, but future mother-infant relationship in a complicated way, in a long run, through generations possibly. In this presentation clinical examples will be discussed, of mothers expressing an intense difficulty to relate to their infant from birth on, with frightening feelings of strangeness of the infant gaze. The question raise of an avoidance behavior, as a possible sign of an unresolved mourning of a previous perinatal loss, of an avoidance reaction link to unconscious guilt feelings, reflected in the infant's eyes?

The grieving process in the loss of a twin or a triplet during the perinatal period

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² *NICU, Hôpital Universitaire de la Reine Fabiola, Brussels, Belgium*

In this presentation, we will investigate the issue of bereavement for parents of very premature twins or triplets when one or two siblings die during the antenatal or perinatal period, when one feticide has been proposed to save the life of the stronger infant. Parents had either accepted or refused and in the latter case, it is not only the baby evaluated as the weakest which dies. We will analysed the impact of this cutting-edge medicine on the grieving process of the parents who had been confronted with proposal of feticide and an imposed painful choice. We will approach the

consequences on the creation of the parental bond with the survival child or children. We will look at the clinical situations of death in twin or triplets pregnancies in the HUDERF NICU over the last three years. We will base ourselves on the clinical documents of the neonatal stay and the follow up results. We will propose to meet the parents again within the context of a semi-directive clinical interview.

13:15 - 14:00 Symposium

Approaches and challenges to engaging fathers in meaningful therapeutic process

Moderator: Baradon, T.

Infancy and Early Years, Anna Freud Centre, London, United Kingdom

Discussant: Emanuel, L.

Tavistock Clinic

Working with fathers as subject in parent infant psychotherapy

Baradon, T.

Infancy and Early Years, Anna Freud Centre, London, United Kingdom

I consider why therapists frequently cathect mother and baby as the normative patients in parent infant psychotherapy, what may get in the way and some questions that may arise if fathers are enabled to bring their own subjectivity. One hurdle I address is the theoretical framework for parent-infant work where, in the 'good enough mother' model for infant development (influenced by pioneers such as Bowlby, Winnicott and Bion), the father is perceived as subsidiary to the mother-infant crucible. Another pertains to the lived experience of working intimately with the triad: having father, mother and the baby in the room together introduces sexuality in way that can be disturbingly evocative for the therapist. DVD material will illustrate work with a father/couple in the ante-natal period, to confound father's intergenerational script and build an alternate potential for fatherhood, and work to enable a non-resident father to join with the mother to establish a family group around the baby. Concluding thoughts are offered about the experience of all participants – parents, baby and therapist – when the subjectivities of baby, mother and father can find a place and to come together as a libidinal group.

Parents United: The role of fathers in psychoanalytic parent-infant/toddler interventions

Emanuel, L.

Children and Families, Tavistock, London, United Kingdom

I discuss the role of fathers as participants in psychoanalytically based parent-infant/toddler interventions. This approach emphasises the parent-couple relationship as a key 'port of entry' to understanding the underlying family difficulties, and fathers are increasingly encouraged to participate. Couple relationship problems impact negatively on parental functioning, and I address these difficulties, focusing on the therapist's technique in the 'here and now' of the consulting room. Young children may be caught up in the disturbing dynamics of polarised parental attitudes, and this may lead to paralysis in the therapist, who feels pulled in two directions by embattled partners. Hostility between parents may be displaced onto the infant/young child, who is required to 'carry' the projections of resentment, resulting in increased disturbance in the child, and confusion for the therapist attempting to locate and address the source of the difficulty. I illustrate these challenges with clinical vignettes, showing how family meetings, alternating with separate parent sessions, offer a containing space in which the emotional needs of fathers within the family context, can be met. I draw on Bion's concept of 'Container-Contained', and Britton's concept of the 'Third Position', as a theoretical framework.

14:00 – 14:45 Symposium

New perspectives in screening and prevention of paternal perinatal affective disorders

Moderator: Matthey, S.

Department of Infant Child and Adolescent Mental Health, University of Sydney,
Sydney, Australia

Understanding perinatal psychopathology in fathers: what about anxiety and illness behavior?

Agostini, F., Baldoni, F.

Department of Psychology, University of Bologna, Bologna, Italy

Research on perinatal psychopathology has extensively investigated maternal depression. In recent years, evidence is increasing about the role played by maternal anxiety, in terms of negative consequences on obstetrical and birth outcomes, maternal postnatal adjustment and infant development (Dunkel Schetter, Tanner, 2012). Concerning paternal perinatal psychopathology, only recent literature is showing a growing interest on the study of depression, while anxiety and illness behavior still needs to be further investigated. A prevalence of 20% for anxiety symptoms has been reported in men during their partner's pregnancy (Boyce et al., 2007), with a significant association with woman's symptoms (Matthey et al., 2003). Besides, paternal prenatal anxiety has been suggested to represent a risk factor for men's postnatal depression (Edwards et al., 2015). The aim of this talk is to deepen the understanding of perinatal anxiety and somatization in fathers. A brief summary of main findings from international literature on this topic will be presented. Also, data will be shown from two studies, conducted by the authors, on perinatal anxiety in fathers. Both studies focused on: 1) the assessment of perinatal anxiety in fathers from pregnancy to 3 months after birth; 2) the investigation of the relationship between paternal and maternal mood. Differences between the two studies were represented by the investigation on different dimensions (psychological and physical) of anxiety, and the use of different instruments. The first study focused on state and trait anxiety and the relationship with pregnancy specific anxieties in mothers. The second study explored general anxiety, somatization, and their relationship with maternal depressive symptoms. In conclusion, few studies have, until now, explicitly assessed paternal perinatal anxiety and illness behavior. This lack of data evidences the need to increase research in this area, as well as the to develop more specific instruments to assess perinatal affective disorders in fathers.

Perinatal Assessment of Paternal Affectivity (PAPA): preliminary report on a new screening tool

Baldoni, F.¹, Matthey S.², Agostini, F.¹, Schimmenti, A.³, Caretti, V.⁴

¹ *Department of Psychology, University of Bologna, Bologna, Italy;* ² *Department of Infant Child and Adolescent Mental Health, University of Sydney, Sydney, Australia;* ³ *Department of Psychological Sciences and Techniques, Kore University, Enna, Italy;* ⁴ *Department of Human Sciences, LUMSA University, Roma, Italy*

During the perinatal period affective alterations in fathers, like Paternal Perinatal Depression, are very frequent, but occur differently than in women (Tuszyńska-Bogucka, & Nawra, 2014; Edward et al. 2015). In particular, depressive symptoms in fathers tend to be less severe, less definite, and often occur in comorbidity with anxiety disorders, alteration of illness behavior and behavioral acting outs like addictions or anger attacks. As a consequence of their indefinite clinical features, these problems are often under-assessed or undiagnosed (Musser et al. 2013).

The *Perinatal Assessment of Paternal Affectivity* (PAPA) is a new questionnaire for the screening of high-risk fathers during the perinatal period. It is based on recent research on perinatal affective disorders and is the first instrument to assess these problems in fathers through many different dimensions: Anxiety, Depression, Hostility, Perceived stress, Relational difficulties, Somatic complaints, Dangerous behavior (driving, sport, at work), Addictions (smoking, alcohol, drugs, internet, gambling) and physiological alteration (sleep, eating). It is fast and simple to administer (one page, five minutes), and ethnic and socio-cultural influences are considered. In this pilot study a sample of 50 Italian fathers assessed during a gynecological consultation at the 8th month of pregnancy of their companion were considered. Besides the PAPA, all subjects were given the following questionnaires: CES-D, EPDS, SCL-90-R, *Perceived Stress Scale* (PSS) and *Dyadic Adjustment Scale* (DAS). The preliminary data analysis shows a significant association ($P = 0.1$) between the scales of Depression, Anxiety, Somatic complaints and Stress perception of the PAPA with the relative scales of CES-D, EPDS, SCL-90-R and PSS. The PAPA is a screening tool, and its goal is not an accurate diagnosis, but it provides a simple and practical guide for detecting fathers at high-risk of perinatal affective alteration, in order to foster a more in-depth diagnostic assessment, and a possible treatment.

The EPDS - should this be used to screen fathers in the perinatal period?

Matthey, S.¹, Agostini, F.²

¹South Western Sydney Local Health District & University of Sydney (School of Psychology), Sydney, Australia; ²University of Bologna (Department of Psychology), Bologna, Italy

The EPDS is the most well-established self-report mood measure to screen for possible depression in English-speaking women in the perinatal period. In addition, it has been validated for use for women from many non-English speaking countries (eg., France, Italy, Nigeria, Malta, Germany, Saudi Arabia). In the last few years there have also been several studies validating it for fathers. Understandably it has become the instrument of choice within many screening programs, and it is possible that it may also become the instrument of choice for screening men in the perinatal period. While it has unquestionably been an excellent instrument that has helped highlight the importance of maternal – and to a certain extent paternal - mental health over the past 25 years, we would like to discuss some of its limitations. Awareness of these is particularly important for clinical services considering its suitability for men, and for women and men from different cultural groups, across the perinatal period, as well as for researchers reporting on rates of possible depression or anxiety, or investigating risk factors for such mood disorders. These limitations include: i) exclusion of certain types of distress; ii) item ambiguity; iii) a high rate of false positives; iv) validation focus just on depression; v) questionable item suitability for men; vi) confounding respondents with transient distress and those with enduring distress; vii) multiple valid cut-off scores; viii) scoring difficulties. A brief discussion will also be given about alternative mood screening questions that overcome many of these limitations.

13:15 - 14:45 Symposium

Thula Sana: The long term impact on cognitive and socio-emotional functioning of an intervention to enhance the mother-infant relationship

Moderator: Tomlinson, M.

Department of Psychology, Stellenbosch University, Stellenbosch, South Africa

Randomized controlled trial of a home-visiting intervention on infant cognitive development in peri-urban South Africa

Murray, L.¹, Cooper, P.¹, Arteche, A.², Tomlinson, M.³

¹ School of Psychology and Clinical Language Sciences, University of Reading, Reading, United Kingdom; ² Faculdade de Psicologia, Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Brazil; ³ Department of Psychology, Stellenbosch University, Stellenbosch, South Africa

The Thula Sana intervention was designed to encourage mothers to engage in sensitive, responsive, interactions with their infants, and delivered in homes by trained and supervised community health workers. The aim of this paper was to determine whether the intervention, shown to benefit infant attachment, also benefitted cognitive development at 18 months. Pregnant women were randomized to intervention (n=220) and no-treatment control groups (n=229). The intervention was home-based parenting support for attachment, delivered until 6 months postpartum. At 18 months, infants were assessed on attachment and cognitive development (Bayley Scales Mental Development Index [MDI]) (n=127 intervention, n=136 control participants). Infant MDI was examined in relation to intervention, socio-economic risk, antenatal depression, and infant sex and attachment. Overall, there was little effect of the intervention on MDI ($p=0.094$, $d=0.20$), but there was an interaction between intervention and risk ($p=0.03$, $g^2 p=0.02$). MDI scores of infants of lower risk intervention group mothers were, on average, 4.84 points higher than those of other infants ($p=0.002$, $d=0.41$). Antenatal depression was not significantly related to MDI once intervention and risk were controlled ($p=0.08$); there was no association between infant MDI and either sex ($p=0.41$) or attachment ($p=0.56$). Parenting interventions for infant cognitive development may benefit from inclusion of specific components to support infant cognition beyond those that support attachment, and may be most effective for infants over 6 months. They may need augmentation with other input where adversity is extreme.

The long-term impact of an intervention to enhance the mother-infant relationship on maternal mental health

Tomlinson, M.¹, Skeen, S.¹, Cooper, P.², Murray, L.²

¹ Department of Psychology, Stellenbosch University, Stellenbosch, South Africa; ² School of Psychology and Clinical Language Sciences, University of Reading, Reading, United Kingdom

The Thula Sana intervention was delivered in women's homes from late pregnancy to six months postpartum by trained lay community workers who provided support and guidance in parenting. At both 6 and 12 months the prevalence of depressive disorder for the mothers in the intervention group was lower than that in the control group, however, the differences were not statistically significant ($p=0.36$, $\chi^2=0.85$, and $p=0.21$, $\chi^2=1.16$, respectively). This presentation will investigate the long-term effect of the intervention on maternal mental health. At 13 years, the Patient Health Questionnaire-9 (PHQ9) was used to measure depressive symptoms based on DSM-IV criteria, with a cut off score of 9 and above used to determine depression status, based on previous epidemiological work in South Africa. The Self-Reporting Questionnaire-20 (SRQ-20) was used to screen for depression and anxiety, with a score of 8 and above indicating presence of depression and/or anxiety. For the long-term follow up, 333 children were re-recruited (74.1%), of which 282 of their biological mothers were located and interviewed. For the PHQ-9, mothers in the intervention group were less significantly less likely to score above the cut off of 9 for depression ($\chi^2=4.38$, $p=0.03$). For the SRQ-20, intervention mothers had a significantly lower number of symptoms of depression and/or anxiety ($t=3.0496$, $p=0.002$). However, intervention and control mothers did not significantly differ in rates of scoring above the clinical cut-off score on this tool. Parenting interventions, particularly around the perinatal period, may mitigate the impact of

additional stressors associated with the birth of a new child, and provide necessary support during a vulnerable period in a mother's life. This may have a positive impact on the trajectory of her mental health status over time.

The effect of the Thula Sana intervention on attachment at 18 months is moderated by the 5HTTLPR genotype

Tomlinson, M.¹, Morgan, B.¹, Murray, L.², Cooper, P.², Skeen, S.¹, Fearon, P.³

¹ *Department of Psychology, Stellenbosch University, Stellenbosch, South Africa;* ² *School of Psychology and Clinical Language Sciences, University of Reading, Reading, United Kingdom*

³ *Department of Psychology and Language Sciences, University College London, London, United Kingdom*

Individual differences in people's genetic make-up can cause them to react differently to environmental factors, including their response to interventions. Differential interactions between the long and short variants of the serotonin transporter gene (5HTTLPR) have been shown to influence depressive responses to early life adversity. There has only been one previous study investigating a gene x intervention effect on attachment security, which took place in a high income setting. This presentation will focus on the impact of the Thula Sana intervention, in interaction with genetic differential susceptibility of the 5HTTLPR gene, on secure attachment at 18 months. All children located at 13 years (n = 333) and their biological mothers (n = 282) provided saliva samples for DNA extraction at the 13 year follow up point, using Oragene test kits. There were 218 participants for whom there was both 5HTTLPR genetic and 18 month attachment data available. Of this number, 88 were "susceptible" (had either one or two short alleles, ss or sl) and 130 were "non-susceptible" (two long alleles, ll). We found that susceptible 5HTTLPR short/short or short/long allele carriers in the intervention group had a significantly higher rate of secure attachment than susceptible carriers in the control group, while non-susceptible long/long carriers in the intervention group did not significantly differ from their counterparts in the control group. Thus, the original finding of increased rate of secure attachment in the intervention group was a weighted average of high impact on short allele carriers, and no impact on long allele carriers. This study is the first of its kind to investigate serotonin transporter gene 5HTTLPR interaction on attachment security in a low or middle income country. Further work into the social and economic implications of genetic differential susceptibility to interventions is required.

The long-term impact of an intervention to enhance the mother-infant relationship on child socio-emotional outcomes

Skeen, S.¹, Tomlinson, M.¹, Murray, L.², Morgan, B.¹, Cooper, P.²

¹ *Department of Psychology, Stellenbosch University, Stellenbosch, South Africa;* ² *School of Psychology and Clinical Language Sciences, University of Reading, Reading, United Kingdom*

The Thula Sana intervention aimed to enhance maternal sensitivity and responsiveness and promote secure child attachment. The intervention was delivered by trained lay community health workers, starting in the last trimester of pregnancy until six months postpartum, and evaluated by a randomized control trial. At 18 months, the intervention was associated with positive outcomes for children, with children in the intervention group presenting with a higher rate of secure infant attachment at 18 months (Wald=4.74, odds ratio=1.70, P<0.05). The aim of this study was to assess whether or not the intervention had a long-term effect on child socio-emotional outcomes. From 2012-2014, mothers and their children were re-enrolled for a 13 year follow up. In total, 333 (74.1%) of the original child sample was re-recruited along with their current primary caregiver. The adolescents underwent a range of systematic standardized assessments to measure child

cognitive functioning and socio-emotional functioning. This presentation will focus on the long-term impact of the intervention on child mental health and emotional and behavioural functioning.

13:15 - 14:00 Workshop

Twenty years of early intervention by a multidisciplinary team in a baby-out patient clinic

Rabain, D., Viaux-Savelon, S., Aidane, E., Bohu, D., Couetoux-Jugman, F., Wendland, J., Cassel, R., Jutard, C., Camon-Senechal, L., Kuhn-Franck, L.

UPEP Vivaldi, Department of Child and Adolescent Psychiatry, University Hospital Pitie Salpetriere, Paris , France

The Vivaldi Unit just celebrated its 20th birthday in 2015. Included in the perinatal private and health care network (maternities, psychiatry, neonatology, pediatric department...), it is both an "out-patient clinic" and a 'baby center'. It developed a model which is specific by its early intervention. Our population is multicultural, multilingual from Paris and international countries. Our main objective is to support babies at developmental risk and parents who may suffer from traumatic perinatal experiences. Our model is based on a theoretical-clinical-research triad that leads our organization and our therapeutic actions. Founding concepts are attachment theory, intersubjectivity, synchrony, empathy as well as psychodynamic theory in an integrative perspective. Our approach is based on multidisciplinary team trained for baby scales : Brazelton scales, Coding Interactive Behavior (CIB), Insightfulness Assessment (IA), Alarm Distress Baby (ADBB), CARS, Denver scales... who use them as well in practice than in clinical research. We propose to describe our practices and their adaptation to clinical specific setting through video clinical cases. Our Perinatal Unit offers very early intervention, even in emergency, for families before birth and until baby's 3 years. During sessions of therapeutic reception, professionals pay special attention to the evaluation of the baby's development, interactions, developmental psychopathology and parenthood. This clinical approach leads our action and will determine families' alliance. Indication of our consultations are very wide: from postnatal depression and parental neonatal psychiatric decompensation to infant severe developmental disorders. Our intervention program focuses on baby's development and interaction disorders. We offer care through co-therapy, parental guidance but also through groupal devices: development group, parental guidance group, attachment disorders group, intersubjectivity and empathy intervention group. Our purpose in this presentation is to show how we have adapted therapeutical and theoretical approaches to clinical complexity and to the concepts evolution since 20 years.

14:00 – 14:45 Workshop

Reflective supervision: a vehicle for a unified agency approach to early childhood

Ogilvie, G., Wilson, K.

Lifespan Clinical Services, Starfish Family Services, Inkster, United States

Introduction: In our session we plan to examine how reflective supervision (RS) can be a crucial component for quality programming. The presenters will utilize their community agency as an example of how through interdisciplinary work and collaborating across programs, they were able to engage early childhood educators in the RS process.

Purpose: Utilize RS to further enhance reflective functioning and professional development of early childhood educators working with children birth to 6.

Description: In our clinical work we noticed that RS allowed the clinician to support families in having an increased ability to alter parenting behaviors and tolerate their child's range of

emotions. Parents are better able to advocate for themselves and their child, feel less isolated, and balance comfort and exploration to support self-regulation. We began to wonder, “What would the impact be on early childhood educators if they received RS?” With that question in mind, we utilized video, scholarly articles, and a live supervision to introduce our VP of Early Childhood and our Early Childhood Task Force to the power of RS. Our agency supported an evaluation project over the course of the 2014-15 school year. Our project included monthly reflective supervision consultations with two separate groups of educators. Both groups included time designated for professional development through the use of reading materials and group discussion. We then invited a volunteer to utilize a presentation outline to discuss a specific event or child. As we began our journey, we were struck by the anxiety and mistrust of the group process. Slowly, this gave way to a robust environment of shared experiences. We will review our qualitative findings and how we have made RS sustainable.

13:15 - 14:00 Workshop

Intensive mini course in infant parent mental health for caregivers in a developing country

Harrison, A.M.¹, Lyall, N.², Stieglitz, A.³

¹ *Child and Adolescent Psychiatry, Cambridge Health Alliance, Harvard Medical School, Cambridge, Massachusetts, USA, United States;* ² *Obstetrics and Gynecology, Christian Hospital of Kasganj, Kasganj, India;* ³ *Infant/Family Development., Bank Street Family Center., New York, New York, United States*

Intervention in the early caregiving relationship offers the potential for ameliorating the adverse effects of poverty and other major stressors on child development. Nurses are uniquely positioned to deliver this intervention during routine patient care. The presenters designed and piloted an intensive mini-course on parent-infant mental health (ipmh) to a nursing school in India.

Two American mental health professionals collaborated with an Indian physician to create an intensive ipmh minicourse. Derived from the syllabus of a 12-month ipmh course in the U.S., the course included current information about early development, gene-environment interaction, stress regulation, post partum depression, etc. in lectures illustrated with videos, and observations of mothers and infants in the hospital and in a rural village. The lessons were taught in English with Hindi translation. The participants included 19 nursing students and nursing school faculty. A comprehensive evaluation assessing understanding of the course content, suitability of the teaching level for these students, and anticipated usefulness in clinical practice, was administered. While generally positive about the course, the evaluations demonstrated uneven comprehension of the course content – good understanding of content areas described in concrete terms with clear video illustrations, and mixed understanding of more complex principles of child development. The course designers are responding to these results by revising the course to include more videos, a Hindi study guide illustrating main teaching points, inclusion of cultural good practices such as infant touch or massage, and a practicum in the wards and villages. The study guide will be piloted in March 2016. The nursing school has committed to making the course part of the permanent curriculum. In conclusion, the presenters envision this pilot as the beginning of a long-term project aimed at enhancing healthy development in infants in high-risk communities through teaching child caregivers about ipmh.

14:00 – 14:45 Workshop

Lights, camera, ethics: The value and limitations of using clinical video in teaching and training in Infant Mental Health

Chapman, M.¹, Philipp, D.², Paul, C.¹

¹ Mental Health, Royal Children's Hospital, Melbourne, Australia; ² Infant and preschool assessment and treatment team, Hincks Dellcrest Centre, Toronto, Canada

Introduction: Video is a key tool within the infant mental health field, which we can ultimately utilise in a variety of ways. We use it therapeutically with families, and we use it within clinical supervision. We also use it to illustrate the nuances of our clinical work to others within teaching and training environments, and at professional forums such as WAIMH congresses.

Aims of the workshop/project: This present workshop will explore the use of video by infant mental health professionals. It will reflect on the different ways that video has been, and continues to be used, and what parameters exist for the ethical use of clinical video, specifically within the context of teaching and training environments.

Description of the workshop/project: The presenters will reflect on challenges they have encountered in using clinical videos, and compare the variation in conventions of consent that exist between organisations. There will be discussions drawing on feedback received from families, and from colleagues, about their experiences of using video, being trained with video illustration, or being the subjects of videos used in clinical teaching and training.

Conclusion: Finally, the workshop will aim to facilitate discussion which may lead to clearer guidelines on the use of clinical video in teaching, training and professional development.

13:15 – 14:45 Brief Oral Presentations

Infants, Trauma, ADHD and Brain Development

Facilitator: Rachmamim, L.
Israel

Prolonged exposure therapy for toddlers with post traumatic symptoms following trauma

Rachamim, L.¹, Rachamim, L.², Mirochnik, I.³

¹ *School of psychology, Interdisciplinary center Herzliya, Herzliya, Israel;* ² *The Donald J. Cohen & Irving B. Harris resilience center for trauma and disaster intervention by the association for children at risk, The Donald J. Cohen & Irving B. Harris resilience center for trauma and disaster intervention by the association for children at risk, Tel-Aviv, Israel;* ³ *Child and preschool psychiatric unit, Ziv Medical Center, Zefat, Israel*

Introduction: Toddlers develop post-traumatic stress disorder (PTSD) with long-lasting and debilitating implications on their development and relationship with significant others. Effective short-term treatments for toddlers with PTSD can prevent neurobiological and psychiatric disorders as well as relationship problems. Prolonged Exposure (PE) is a trauma-focused therapy that includes psychoeducation and exposures as its components. PE has gathered the greatest empirical support among cognitive behavioral treatments for adults and children with PTSD following diverse traumas. PE has been widely disseminated around the world. Few exposure based treatment studies with preschoolers showed significant improvement in PTSD symptoms (e.g., Scheeringa, Weems, Cohen, Amaya-Jackson, and Guthrie 2011). However, exposure based treatments for toddlers and infants with post traumatic symptoms or PTSD have not yet been studied.

Aims or Purpose of the project or work described: To study the efficacy of dyadic/triadic PE treatment for toddlers and caregivers.

Description of the work or projects: 2-4 year-olds whose post traumatic and PTSD symptoms were caused by a dog attack, invasive medical procedures, or car accidents. Participants were toddlers whose parents were seeking treatment at a post-trauma clinic for toddlers in the Donald J. Cohen & Irving B. Harris Resilience Center for Trauma and Disaster Intervention at Ziv Medical Center, Israel. Following assessment using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised edition (DC:0-3R; Zero to Three, 2005), toddlers and caregivers participated in dyadic/triadic PE that was tailored to their cognitive capabilities as well as their age-related needs.

Results: At treatment's end toddlers lost their diagnosis and caregiver's symptoms were ameliorated.

Conclusions: This case series provides preliminary clinical evidence for the efficacy of dyadic PE treatment with post traumatic toddlers. This treatment modality in this age group warrants a larger scale RCT in order to demonstrate its efficacy.

The impact of maternal childhood abuse on neonatal behavioural and HPA axis function 6 days post-birth

Sethna, V., Conroy, S., Pawlby, S., Pariante, C.M.

Division of Psychological Medicine, Section of Stress, Psychiatry and Immunology Lab & Perinatal Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom

Background: Parental exposure to child abuse may have transgenerational effects, with offspring of abuse victims showing poor behavioural and neuroendocrine adjustment. However, existing research focuses on older children and adult offspring, and the degree to which the effects of parental childhood abuse can be detected in early infancy remains largely unknown. Therefore, this study investigates whether maternal childhood abuse is associated with (i) behavioural dysregulation and (ii) altered hypothalamic-pituitary-adrenal (HPA) axis function in neonates aged 6 days.

Methods: Information on maternal childhood abuse was collected retrospectively by semi-structured interviews (N= 173). At 6 days, neonatal behavioural adjustment was examined using the Neonatal Behavioral Assessment Scale (NBAS). Infant's salivary cortisol was measured before (pre), immediately after (post 1) and 30 minutes (post 2) following the NBAS.

Results: Infants of women who experienced childhood abuse showed poor behavioural regulation compared to infants of non-abused women. Particularly, infants of abused women were less alert ($\beta = -0.29$, $p = 0.001$), more irritable ($\beta = 0.69$, $p = 0.039$), showed poor motor maturity ($\beta = -0.42$, $p = 0.002$) and regulation of state ($\beta = -0.92$, $p < 0.001$). These findings were independent of the effects of maternal depression and family socio-demographic characteristics. Furthermore, infants of mothers who were abused in childhood showed overall lower mean cortisol levels compared to infants of non-abused women – in particular, this difference in stress response approached significance post NBAS administration (post 1: $p = 0.070$; post 2: $p = 0.096$).

Conclusions: These results suggest that maternal experience of childhood abuse disrupts the infant's behavioural and stress response from as early as six days post-birth. While these results are broadly consistent with earlier research, a more complete understanding of the mechanisms and whether effects persist or alter with time are currently being addressed in further analyses.

Study of pre-school ADHD risk factors

Bilenberg, N., Asmussen, J

Child and adolescent psychiatry, University of Southern Denmark, Odense, Denmark

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder with both genetic and environmental etiology. The full ADHD syndrome is usually not diagnosed clinically before the age of five, but signs of disorder can be measured earlier. Research that combines genetics, biology, environmental risk factors and early development of ADHD symptoms is still sparse.

Aims of the study: To develop an ADHD risk index which can be implemented in primary toddler health care

Material and methods: 2,551 pregnant women giving birth in the municipality of Odense, Denmark in 2010-13 were recruited for a prospective birth cohort. Data and biological material was collected during pregnancy, at birth and in the first two years of the infant's life. ADHD symptoms and other emotional and behavioral symptoms were rated by parents and child care professionals by use of CBCL 1½-5 and C-TRF at about age 30 month. Data on psychiatric heredity (registrar data), biological materials (blood, hair, and urine), parent social status, pregnancy and delivery adverse events, family environment, sleep and early ADHD symptoms are combined and analyzed.

Results: Basic cohort data, and preliminary data on preterm maternal vitamin-D status, sleep problems and ADHD-symptoms at age 2-3-years will be presented.

Conclusions: Preterm maternal vitamin D status and sleep problems in early life, among other factors, are possible hazards of pushing susceptible children, with parental disposition, towards fulfilling ADHD criteria. The presented results are preliminary and part of a larger follow-up study, all aiming at developing of a "Preschool ADHD Risk Index" which can be implemented in the primary sector to target ADHD-at-risk-children early in life.

Maternal pre- and postnatal mental health and infant wellbeing in conditions of war and military violence: The Gaza Infant Study

Diab, Safwat Y.¹, Qouta, Samir, R.¹, Isosävi, S.², Kuittinen, S.², Punamäki, R.L.²

¹ *Education and Psycholog, Islamic University of Gaza, Gaza, Palestina;* ² *Psychology, University of Tampere, Tampere, Finland*

First presentation in Symposium: Motherhood and infancy in war: Trauma impacts on pre- and perinatal mental health, and protective, and treatment considerations

Introduction: Maternal pre- and postnatal mental health is crucial for infant health and development. War trauma severely interferes with maternal sense of security, and therefore women and their infants would need special protection. Aims of the study are to examine, first, the impacts war trauma on mothers' own prenatal mental health and perinatal obstetric problems and new-born health. Second, it analyses how the prenatal maternal and infant mental and physical health predict the infants' later emotional and sensorimotor development in Palestinian war context.

Methods: Palestinian women with their infants from Gaza (N=510) participated during the 2nd trimester pregnancy (T1) and when the infants were 4 months (T2), and 12 months (T3) in an interview study in maternal care and their homes. Maternal trauma was indicated by 25-item war trauma (losses, destruction, atrocities. Mental health was assessed by posttraumatic stress (PTSD; Mollica et al., 1992) and depressive (EDP) symptoms at T1, and at T2 the dissociative symptoms (van Hart et al., 2001) and obstetric and perinatal information in standard form. Assessments of infant development includes socioemotional (IBQ) and sensorimotor attainments

at T2 and T3. Results revealed, first that exposure to severe war trauma was associated with increased maternal PTSD and depression, and through these maternal mental health problems it had a negative impact on infant's socio-emotional development.

Protective factors in transition to motherhood in war conditions: processing of trauma and infant characteristics

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Introduction: War is not healthy for human beings, and especially dangerous for pregnant mothers or their infants. Experiences of life dangers and losses can severely tax mothers' resources to care for children. Yet, trauma models suggests that multiple survivor- and environment-related factors can protect the well-being and health (Brewin, 2014; Ehlers et al., 2004). Learning about these protectors among war-affected mothers and their infants would be pivotal when tailoring effective help for them.

Study aims: Accordingly, the study examines the following questions: (1) Can optimal cognitive appraisals and perceptions of war experiences protect mothers' mental health and their infants' socio-emotional development? and (2) What role can the infant characteristics, such as soothing ability play in protecting the socio-emotional development from war trauma?

Method: Participants are 510 Palestinian women and infants from Gaza. Interviews were at 2nd trimester (T1), when the infants were 4 months (T2) and 12 months (T3). War trauma involved 25 items of loss, destruction, and atrocities, and mental health posttraumatic stress (PTSD) and depressive symptoms at T1 and T3. Posttraumatic cognitions and appraisals were measured by a questionnaire by Foa et al. (1999). The infants' socioemotional development was measured by Infant Behaviour Questionnaire (IBQ). Results revealed correlations between cognitive ways of processing war trauma and maternal mental health, but optimal cognitions could not protect the dyads wellbeing.

Mother's exposure to modern weapon toxics in pregnancy: impact on health and development

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¹ *Genetics, University of Genova, Genova, Italy*; ² *Medicine, Islamic University of Gaza, Gaza, Palestina*; ³ *Education and Psychology, Islamic University of Gaza, Gaza, Palestina*; ⁴ *Psychology, University of Tampere, Tampere, Finland*

Increasing evidence shows that exposure to weaponry and war remnants causes contamination by toxicant and teratogen elements (Skaik S, et al., 2010). Their impacts may be especially harmful in pregnancy, and some research is available on them risking women's perinatal and infant health (Abed et al., 2014). This study analyses the presence of teratogenic war remnants (toxic metals) in newborns, malformations of progeny, and infant health after major recent military operations and wars on Gaza, Palestine. Method. The participants are 502 women delivering at maternal wards in four hospitals across the Gaza Strip, and of them 402 during postpartum, all having been pregnant during the War on Gaza in 2014 (June-August). The assessment times were T1 in the maternal care where the head nurses asked women to participate, received their informed consent and background material, as well as their and the newborns' hair samples. At T2 the infants were 6 -7 months and they will be 17-18 months at T3, when fieldworkers visit their homes. Results presents correlations between presence toxic metals in newborn of women

delivering after the 2008/9 war on Gaza and malformations of progeny. Also the preliminary data of metal exposure of pregnant women and newborns in utero while the 2014 war on Gaza.

The influence of maternal antenatal depression on infant brain volume

Pote, I.¹, Sethna, V.¹, Wang, S.², Gudbrandsen, M.¹, Daly, E.¹, Kuklisova-Murgasova, M.³, Perry, E.¹, Adams, K.H.P.¹, Busuulwa, P.¹, Watson, C.¹, Kangas, J.¹, Stoencheva, V.¹, Williams, S.C.R.⁴, Murphy, D.G.M.¹, McAlonan, G.M.¹, Craig, M.¹

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Depression during pregnancy is very common - affecting 10-36% of women. Maternal antenatal depression and associated difficulties in the parent-infant relationship have been consistently linked to impaired behavioural and cognitive outcomes in the child. In contrast, very few studies have measured brain development in offspring exposed to maternal antenatal depression. Of the existing studies, reduced cortical volume has been reported in: older children exposed to maternal postnatal depression, depressed adults, and individuals with a familial history of depression. Still, our understanding of the impact of maternal antenatal depression on brain volume in early infancy remains largely unknown. Furthermore, how parent-infant interactions moderate the association between maternal antenatal depression and infant brain volume remains unexplored. Therefore in the present study, we examine brain volumes in 4-month-old infants born to mothers with antenatal depression (n=43) and those born to non-depressed mothers with no current or past psychopathology (n= 32). Maternal depression during pregnancy was identified from perinatal records and confirmed using a clinical interview. At 4 months, infants were scanned in natural sleep on a 1.5T scanner, and structural T2-weighted MRI images were acquired. Images were segmented to obtain volumes of the following brain regions: total grey and white matter, subcortical grey matter, cerebellum, midbrain, lateral ventricles, and cerebrospinal fluid. Observational measures of mother-infant and father-infant interactions were used to assess the quality of early parenting. Statistical analyses are underway. First, linear regression analysis will be conducted to identify regional brain volume differences in infants born to depressed and non-depressed mothers - adjusting for infant and parental socio-demographic characteristics. Next, we will test the moderating role of parent-infant interactions. To our knowledge this study will be the first to examine the influence of maternal antenatal depression on regional brain volumes in early infancy.

13:15 – 14:45 Workshop

Clinical infant mental health services

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Introduction: Advances in understanding the impact of early adversity on lifelong health underscore the need for a comprehensive clinical approach aimed at meeting the needs of at-risk young children. Recent research findings suggest there are psycho-neurobiological mechanisms, affected by relationships, which promote powerful brain changes and have lasting impacts on

development during the first years of life. However, few clinical programs within academic medicine focus on infant mental health.

Purpose/description: Presenters will discuss the importance of infant mental health programs and the benefits of developing such programs within a medical context, including psychiatry and pediatrics. Each presenter will share experiences of building new programs from multiple angles including: building a referral base, training across disciplines, assessment protocols, and early identification of children at-risk. Their discussions will also highlight the essential components for implementation of these programs, as well as potential barriers that may impact that process. Using examples from three model programs housed within academic medical centers at the University of Michigan, University of Minnesota, and University of New Mexico, the presenters will also convey solutions to overcome those potential barriers, explain how collaboration can be used to maximize the efficiency in establishing infant mental health programs, and detail the opportunities these programs offer, including: training early mental health providers, training and educating students through medical specialists, creating a bridge between research and clinical practice, collecting data for research, and delivering more comprehensive services. These programs raise awareness, in the medical community, of the importance of early intervention and their potential contribution to this burgeoning field.

Conclusion: In summary, academic medicine programs provide a powerful, yet underused platform for translating scientific advances into development and testing innovative clinical programs for young, vulnerable children. Participants will comprehend the importance and necessity of increased programming specifically designed for infant mental health.

13:15 - 14:45 Symposium

Singing and talking: how maternal input fosters early infant development

Moderators: Spinelli, M., Suttora, C.

Department of Psychology, University of Milano-Bicocca, Milan, Italy

Discussant: Rodrigues, H.

Faculdade de Ciências Sociais e Humanas, Universidade NOVA de Lisboa, Lisbon, Portugal

Talk to me, mama: Proto-musical aspects in the vocal dialogues between mothers and babies in a Mexican Spanish speaking versus a Belgian Flemish speaking population

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¹ LAMCI-CESEM, Universidade NOVA de Lisboa, Lisbon, Portugal; ² CEIC, University of Guadalajara, Guadalajara, Mexico

Introduction: A huge number of studies has indicated the importance of prosodic properties of infant-directed (ID) speech in various languages suggesting that the positive affective melody or the musical quality of the mother's voice is a strong attractor for the infant and that shared musicality between mother and infant may play a role in the enhancement of their affective interaction.

Aims of the study: The present paper aims to compare proto-musical aspects (i.e., tonal synchrony or pitch-synchronization, pitch imitation and timing patterns) in the vocal dialogues of a Mexican Spanish speaking versus a Belgian Flemish speaking mother-infant population. **Material and Methods.** In total, 374 Mexican and 558 Flemish vocal exchanges between mothers and their 3-month old infants were identified, acoustically analyzed and compared. Besides, a video micro-analysis of the dyadic face-to-face interactions was made to explore contingency patterns in maternal responsivity towards vocal imitation behavior of the infant.

Results: The main findings revealed that dyads in both cultures rely on a comparable use of proto-musical aspects using similar pitch ratios and timing patterns. However, there were significant differences in the infants' vocal pitch imitation behavior due to a difference in the maternal selective reinforcement of infant pitch imitation.

Conclusions: The results will be interpreted with regard to the development of musical and linguistic aspects in the vocal ontogeny of an infant suggesting that specific proto-musical qualities of mother–infant vocal communication may be language-independent and biologically defined.

Sing for me, mama: Infant-directed singing facilitates early language development

Franco, F., Politimou, N., Sobolewska, T.

Department of Psychology, Middlesex University, London, United Kingdom

Introduction: Infant-directed singing (ID- henceforth) is a common and near-universal parenting practice. Babies prefer the ID-register in both speech and song to the adult-directed forms and, when competing, ID-song attracts young infants more than ID-speech. Thus, it is likely that musical interactions produce rich exchanges in infancy, offering an optimal basis for foundational aspects of human communication.

Aims: This paper aims to explore the relationships between ID-singing and early language development, reporting on two studies. The first investigated the relationship between parental ID-singing and both infant performance in preferential listening experiments at six months, and language development (2nd year). The second study compared attention deployment to different areas of the human face during ID-singing and ID-speech.

Method: For Study 1, testing at 6 months (n=32) involved [i] parental report on home singing and music, [ii] PCERA assessment (maternal sensitivity), [iii] preferential listening experiment involving vocal/instrumental music. A follow-up at 14 months of age assessed communicative development with [i] MB-CDI (Words & Gestures) and [ii] CSBS, with a second follow-up at 24 months based on MB-CDI (Words & Sentences). For study 2, eye-tracking was conducted with 3-15-month-olds (n=60) to compare attention deployment to the face eyes- and mouth-regions during ID-singing and ID-speech in native vs. non-native language.

Results: The results showed that in Study 1, independently from maternal sensitivity and education, high frequency of ID-singing predicted language development at 14 months, particularly when considering the mediation of patterns of attending to musical stimuli at 6 months. Study 2 revealed that a possible mechanism underlying this facilitation of song is linked to ID-singing support of attention towards the singer's mouth, i.e. the source of articulatory cues associated with speech production.

Conclusion: The case is made for ID-singing to be explored as potential protecting factor for early language in adverse developmental contexts.

It is never too soon: the role of maternal verbal input in early infant's word recognition

Suttora, C., Salerni, N.

Department of Psychology, University of Milano-Bicocca, Milan, Italy

Introduction: Researchers have only recently begun to investigate whether the qualities of early language experience can influence the efficacy of language processing in young children. Findings documented that children's individual differences in speech processing are related to the quality and amount of input they are exposed to. Moreover, a verbal input characterized by a low speech rate and vowel hyper-articulation can foster children's ability in word recognition.

Aims: The principal aim of the current study is to expand these findings focusing on an earlier stage of language development, investigating how several characteristics of infant-directed speech relate to infants' emerging skills in lexical processing at 15 months of age.

Method: 15 mother-infant dyads were observed longitudinally at the age of 11 and 15 months in a video-recorded play session. At both ages, maternal utterances directed to the infants were transcribed and analyzed (CLAN, PRAAT). Structural (i.e. lexical diversity, MLU) prosodic (i.e. intonation stress) and acoustic (i.e. speech rate, final syllable lengthening) aspects of maternal verbal input were measured. Infants' online lexical recognition abilities were assessed at 15 months using a Looking While Listening task.

Results: Regression analyses showed that both the amount of maternal utterances and the use of nouns in utterances' final positions at 11 predict infant's accuracy in word recognition at 15 months. Furthermore, at 15 months, high levels of utterances' syntactic complexity (MLU) and the use of intonation stress on adverbs and adjectives resulted negatively associated to infants' lexical recognition abilities.

Conclusions: Findings emphasize the role of maternal verbal input in fostering infants' language abilities from the early stages of its development. The use of larger amounts of verbal input as well as the attempt to emphasize nouns in the speech stream facilitates infants' ability to map between words and their referents.

A link between language and affect: influences of maternal attachment and sensitivity on maternal linguistic input

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¹ *Department of Psychology, University of Milano-Bicocca, Milan, Italy;* ² *Department of Neuroscience, Imaging and Clinical Science, University Gabriele D'Annunzio, Chieti, Italy*

Introduction: Maternal speech addressed to infants during interactions is highlighted as one particular component of mother–infant interaction and plays a fundamental role for infant emotional and cognitive development. Mothers modify their input in order to facilitate the communication with the infant and these modifications vary according to infant development. However, few studies showed that individual differences between mothers are present and could be lead to differences in maternal ability to sensitively attune their behaviors to infants' language and cognitive level.

The main aim of this study was to explore if maternal variables, as maternal attachment and sensitivity, often related to affective components of mother-infant interaction, also influence the linguistic aspects of maternal speech to infants.

Materials and methods: Eighty infant-mother dyads were videotaped during free-play interaction at 3, 6, 9 and 12 months of infant age. The Adult Attachment Interview was administered to mothers and their sensitivity was evaluated with the Emotional Availability scale. Maternal input was coded for its syntactic and lexical aspects.

Results: Variations over age on the quality and quantity of maternal input were found. Attachment classification and sensitivity scores, both individually than in interaction, affect the quality of maternal input and its variations over time. More sensitive and secure mothers seem to be more available to develop a dialogue with the infant that is more appropriate for infant's developmental level.

Conclusions: Results emphasized that maternal affective related variables influence mothers' ability to adjust their speech when speaking to their infants with employing speech with different characteristics. This study highlights that it may be worthwhile to consider relational and maternal variables to a greater extent when studying language development and communication. On the

other hand, research on attachment and mother–infant relationship should take into consideration the linguistic aspects of maternal speech directed to infants.

13:15 - 14:00 Symposium

Infant Mental Health and Pediatrics: A Collaborative Approach

Moderator: Chesher, T.¹

¹ Child and Adolescent Psychiatry, University of Oklahoma School of Community Medicine, Tulsa, United States

A pilot project: implementation of infant and early childhood consultation and education into pediatrics

Chesher, T.

Department of Psychiatry, University of Oklahoma School of Community Medicine, Tulsa, United States

Introduction: Pediatricians are in an important position to be able to contribute to positive change in the outcomes of at-risk infants and young children. This presentation will discuss the creation of a pilot infant and early childhood mental health education and consultation project in a community based university setting.

Aims: The goals of the Infant and Early Childhood Consultation project are to implement an infant and early childhood consultative service into a general pediatrics clinic as well as to educate the pediatric medical community on the mental health of at-risk infants and young children and their families.

Description: The Infant and Early Childhood Consultation Project was created to address the steadily rising level of at-risk young children in a community. Many of these children were seen by their pediatricians and most were between the ages of 0-3. The hope is that by educating and collaborating with pediatricians who are on the front lines of a potential systems change, the outcomes of these young children will improve. This project is comprised of two parts: systematically educating pediatric faculty and residents on infant and early childhood mental health and consulting with pediatric faculty and residents on infant and early childhood mental health. Pre and post surveys regarding knowledge of infant mental health and beliefs about the pediatrician's role in psychosocial development were given to pediatric residency faculty and residents as well. This presentation will also look at the successes and challenges in the creation of this pilot program.

Conclusion: Pediatricians are in a unique role in which they can identify and intervene early with at-risk children. This project provides these services through education and consultation in the area of infant and early childhood mental health.

Early childhood health matters in Colorado: integrating behavioral health services into pediatric primary care

Talmi, A., Buchholz, M., Millar, A.

Departments of Psychiatry and Pediatrics, University of Colorado School of Medicine, Denver, United States

Introduction: Pediatric primary care settings provide optimal contexts for delivering early childhood behavioral health services including health promotion, prevention, and early identification. The presentation will describe the development and implementation of Project CLIMB (Consultation and Liaison In Mental Health and Behavior), an integrated behavioral health

services program embedded in a large urban primary care teaching clinic that serves high-risk children and families.

Aims: Project CLIMB's primary goals include: 1) increasing access to mental health, behavioral, and developmental services and 2) training pediatric primary care health professionals to address mental health issues that emerge in the context of comprehensive care delivered within the medical home. CLIMB clinicians provide case consultation, developmental and pregnancy-related depression screening and treatment, brief assessment, and treatment of young children and their families.

Description: The CLIMB Team works collaboratively with leadership and administration to design and implement services that meet the needs of young children and families. Clinical informatics strategies are used to quantify integrated mental health services, engage in quality improvement efforts, and evaluate program impact. Data collection includes extraction of demographics, health care utilization, and medical information from the electronic medical record. Data on more than 3,000 consultation visits and over 18,000 developmental screenings is used to characterize the types of services provided.

Conclusion: Integrated early childhood mental health services delivered in pediatric primary care settings provide access to prevention, health promotion, and early identification for young children and their families. Young children and their families receive a wide range of clinical services that help promote optimal development, address concerns, and treat whole family units to improve environments and enhance well-being. Systems changes, advocacy, and policy efforts were highlighted as instrumental to sustainability strategies, business plans, and dissemination work.

Pediatric primary care consultation in early childhood mental health: rural and urban partnerships

Gleason, M.M., Middleton, M., Stevens, M.

Psychiatry and Neurology, Tulane University School of Medicine, New Orleans, United States

Introduction: Like much of the globe, Louisiana has a shortage of trained infant mental health providers to address the needs of young children. Pediatric primary care providers (PCPs) have been called the "default mental health providers" for children, but most PCPs have little training in early childhood mental health (ECMH) issues. Two early childhood mental health consultation projects in Louisiana, the Tulane Early Childhood Collaborative (TECC) and LAUNCH, provide education, consultation, and clinical practice tools to pediatric primary care providers in urban and rural areas.

Aims: TECC and LAUNCH consultation projects strive to increase PCPs' capacity to participate as first line professionals in the care of early childhood mental health issues. Specifically, 1) to increase positive attitudes towards a role in early childhood mental prevention and intervention 2) to increase knowledge about common early childhood mental health issues and 3) to increase use of validated screening measures, assessment of early childhood mental health concerns, and implementation of first line interventions and appropriate referrals. Self-reported attitudes, knowledge, and practice are assessed at baseline and annually.

Description: The model includes 1) phone/video consultation, 2) consultation appointments with family to provide diagnostic and treatment recommendations 3) in-service educational trainings about early childhood mental health. PCP participants also receive tweets and e-newsletters with timely ECMH updates and access to a web-based practice resource site. Care coordination and parenting groups are provided for interested practices. PCPs' knowledge, attitudes, and practice patterns are assessed at baseline and annually. Consultation is provided locally and remotely via telehealth technology. In Project LAUNCH, our team also consults to other developmental specialists and child care providers. The model is interdisciplinary and includes trainees and faculty.

Conclusions: Primary care consultation is feasible and well accepted. Baseline and 1 year follow up data will be presented with implications for other underserved communities.

14:00 – 14:45 Symposium

Early infancy studies and intervention results in Latin-American countries: Chilean experiences

Moderator: Farkas, C.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

Discussants: Santelices, M.P., Farkas, C., Olhaberry, M., Aracena, M.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

Depression, parental mentalizing and infant attachment

Santelices, M.P., Farkas, C.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

In preschool, attachment that meet the purpose of regulating, interpret and predict the behavior of adults, their own attachment behavior, thoughts, intentions and feelings which are closely linked to the process of future mentalizing. The mentalizing is considered a fundamental skill of the human being as possible to give meaning to their own and others, allowing one hand, recognize that there is an inner world that shapes the behavior experiences, and secondly, understand that this inner world is a representation that is related, but not identical, to the outside world modeling. This relationship between mentalizing and attachment of the child, is affected in situations of significant depression in adults. Depressive symptoms on parents are associated with an insecure attachment with their children and with a decrease in mentalizing ability, since depression interferes with parental ability to realize the needs of child and provide an emotionally nourishing. In this context, the preliminary results of an ongoing research linking depression and maternal reflective functioning with children's attachment models at 3 years old are presented. The instruments used for parents are the Parental Reflective Functioning Questionnaire and Beck Depressive symptoms. To measure the attachment in children's "Attachment Completion Stories for Preschoolers" are used.

Relationships between parents' mentalization, infant's regulation and socioeconomic status, with children's socioemotional and language skills at 12 and 30 months

Farkas, C., Santelices, M.P., Strasser, K.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

Studies in parental competences have demonstrated the relations between parental mentalization and child' regulation, reflective function and socioemotional and language skills (Brown et al., 1996; Fonagy et al., 2002; Kristen et al., 2012; Sharp & Fonagy, 2008) as well as families' socioeconomic status (Hart & Risley, 1992). But very few studies were conducted in Latin-Americans countries where the socioeconomic differences are larger. Considering this background, a longitudinal, no-experimental study was designed, where 100 parent-child dyads participated. Rothbart's Temperament Questionnaire and BSID-III social-emotional and language scales were applied as well as parents' mentalization assessment when children had 12 months old, and repeated at 30 months old. Results show parents' mentalization has a small but significant contribution to children' socioemotional and language skills at both ages. Infant's regulation is important, especially for socioemotional skills, and socioeconomic conditions are related with socioemotional and language skills, increasing its impact on children's language at

older ages. Also differences in mentalization are observed, where parents from higher socioeconomic status show higher mentalization, number of words in their speech, references to mental and non-mental categories and cognition references, while parents from lower socioeconomic status show higher references to physical states. These results and its implications are discussed.

A video-feedback intervention for mother-father-infant triads with infants with socio-emotional problems

Olhaberry, M.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

In initial studies of early bonding the focus of attention was on the mother-infant dyad. This point of view was later amplified by including the triad, which includes the father and considers that children develop attachment bonds towards both parents (Keller, 2007; Lamb, 1982). On the other hand, research shows consistently favorable results in the bond quality and parental reflective functioning when using video-feedback in early interventions (Fukkink, 2008). Considering this background as a starting point, a longitudinal, quasi-experimental study was designed, in which a video-feedback intervention is implemented for mother-father-infant triads under 3 years old with socio-emotional development difficulties. There are 100 participants, 50 in the experimental group which receive the intervention, and 50 in the control group which receive the regular treatment offered by health centers in Chile. Pre and post intervention assessments are carried out, measuring infant socio-emotional development, depressive symptomatology, parental attachment, parental sensitivity and family alliances. The study is currently in its first year of execution and preliminary results will be available in 2016.

Exploring the role of social support in a home visiting program for expectant mothers living in contexts of psychosocial risk in Santiago de Chile: A qualitative approach

Aracena, M., Valdés, N., Miller, C., Ibarra, D., Bobadilla, C., Marinkovic, K.

Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile

This presentation describe and analyze the observed social support provided by non-professional home visitors to expectant mothers. A qualitative descriptive analytic approach was used. Twenty video recordings were analyzed; consisting of 20 home visits carried out with two expectant women. Participants began the program during the twentieth week of their pregnancies. They were over 18 years old and with complete secondary education. These women participated in a national program. In addition, they received a home visiting intervention for one year (10 sessions, one hour) which aimed to empower them in their roles both as individuals as well as mothers. Observations were based on three types of social support: instrumental, informational and emotional, using the Berlin Social Support Scale (BSSS) by Schwarzer (2000). A thematic analysis was performed in order to examine observed social support. Results show emotional social support was the predominant type of social support observed. Instrumental and informational social support were observed to act as points of entrance for the establishment of a relationship between the mother and the home visitor. These results highlight the value of training soft competences in home visitors in order to increase the delivery of effective social support.

13:15 – 14:00 Video Presentation

Continuity of family patterns from prenatal and infancy, to adolescence: illustration with one case study of coparenting

Frascarolo, F.¹, Lavanchy Scaiola, C.¹, Tissot, H.², Favez, N.^{2, 1}

¹ Center for Family Study / IUP, CHUV, Lausanne, Switzerland; ² FAPSE, University, Geneva, Switzerland

The importance of the prenatal period and infancy on child development has been well documented. But longitudinal studies on family functioning, spreading out over several years, are still lacking. The aim of this contribution is to present, through a case study, the continuity of family pattern from prenatal to infancy through adolescence, thanks to the different forms of the Lausanne Triologue Play according to the child ages. These semi-standardized recorded situations allow to observe and to assess family interaction in different configurations. Indeed, families are invited to play altogether according to a scenario in four parts: (i) one parent interacts with the child while the other parent is participant observer, (ii) they reverse roles, (iii) the three of them play altogether, and finally (iv) the parents discuss while child is on his own. The adaptation of this situation according to age and number of siblings will be presented as well as the type of data and information it allows to gather. In order to illustrate the repetitive patterns of coparenting, a case study, from prenatal and infancy to adolescence (prenatal, 3 month, 9 month, 18 month, 5 years and 15 years) will be presented with video clips. It will show in particular the constancy with which parents use laughter for joining and for buffering stress in several contexts. The usefulness of this approach and of the observational situations, for research as well as clinical purpose, will be discussed in the light of the theoretical model of the family alliance developed by Fivaz-Depeursinge and Corboz-Warnery.

13:15 - 14:45 Poster Workshops

Supporting Infant Parent Development in the Context of: NBO for at Risk Families in Norway, Premature Babies in South America and Promoting Maternal Infant Attachment in France

Facilitator: Boris, N.
United States

Emotional distress in the caregiving system: How to promote sensitive parenting and reflective function in risk families

Early discharge and follow-up strategies after childbirth

Verpe, H.¹, Skotheim, S.², Søvik, M.¹, Malde, M.K.³, Stormark, K.M.^{2, 4}, Vannebo, U.T.⁵, Smith, L.⁵, Moe, V.⁵

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Background: In most maternity wards in Norway, early discharge (<48h) has become standard. To monitor babies and women's health the first week after delivery, several hospitals offer

consultations, were families return to hospital for check-up. A few municipalities offer domiciliary follow-up by midwives.

Aim: To investigate if different follow-up routines is related to maternal depression and breastfeeding habits after birth, and if domiciliary follow-up by midwives identifies vulnerable families.

Method: Data was based on a sub-sample from the prospective population study, "Little in Norway". Women who received seamless follow-up (n=64) was compared to women received ordinary follow-up (n=95) in two municipalities in Norway. Further, analysis in the municipality that offered seamless transmission was conducted to explore if vulnerable families was identified.

Results: There were no differences with respect to depressive symptoms or breastfeeding after birth. However, the results showed that women with high levels of adverse life-events were included in the group that received domiciliary follow-up.

Conclusion: Ordinary follow-up is safe for women and baby's health after birth and domiciliary care by midwives seems to be supportive and non-stigmatizing for vulnerable families.

Maternal depressive symptoms and affective attunement during face-to-face interaction with their infants

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Introduction: Moderate depressive symptoms impact maternal behavior during infant-mother interaction, in terms of mothers' responsiveness and affective availability.

Aims of the study: To investigate the impact of moderate symptoms of maternal depression on mothers' interest and positive affect in face-to-face interaction with their infants'.

Material and methods: The study utilized a double video design; the mother and the infant were presented with sequences of mutually responsive communication (Live sequence) and sequences where communication is set out of phase (Replay sequence), in a Live1-Replay1-Live2-Replay2-Live3 design. Maternal scores on the Edinburgh Postnatal Depression Scale were used to divide the mothers' into a low (mean =3.26, range 0-5) or moderate (mean=8.26), range 6-13) depression group.

Results: Maternal and infant gaze at each other during Live1 was correlated for both groups. There was a positive correlation between infants' positive affect and mothers' positive affect in the low scoring group in Live1 and Live 2. There were significant differences in the mothers' amount of positive affect between the sequences in the low scoring group, but not in the moderate scoring group.

Conclusions: The results indicate a higher degree of affective attunement between the mothers and infants in the low depressed group.

Implementation of the Newborn Behavioral Observation (NBO) system to promote sensitive parenting and infant self-regulation skills in families with mothers at risk for postnatal depression: A pilot project

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Introduction: Postnatal depression is fairly common and coincides in time when infants' engagement in reciprocal affective communication is at the peak. This may negatively impact the caregiver-infant interaction and lead to later adverse child outcomes. Brief interventions aiming at increasing parental sensitivity have proven effective for promoting social regulation skills in infants and reducing depressive symptoms in caregiver.

Aims: The purpose of the project is to test the feasibility and acceptability of the NBO intervention offered by NBO trained public health nurses in well baby clinics. The target populations are expecting parents where the mothers are at risk for postnatal depression and the public health nurses who conduct the NBO intervention.

Description: At risk mothers will be recruited October 2015 to January 2016 and offered three home visits with NBO interventions once per week during the first month postpartum. Four months postpartum surveys measuring parental stress, partner relationship satisfaction and reflective functioning is conducted, and parent-infant interaction is video recorded. Intervention implementation is assessed by usefulness-surveys.

Conclusions: Given acceptable feasibility, acceptability and implementation strategy, this project will contribute to a high quality study of the effectiveness of NBO in well-baby clinics.

Change in parent's reflective functioning after a short-time intervention. A pre-post pilot study

Goksøyr, A.

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Introduction: Adequate reflective functioning (RF) in parents is important for understanding their children's needs and feelings. Deficits in this capacity cause problems in the relationship.

Aims: To investigate if parents' RF increase after participating in a COS-P group intervention.

Methods: A group of parents (N=40) were recruited to COS-P groups provided by professionals in a humanitarian organization. The participants completed the Parental Reflective Functioning Questionnaire – PRFQ (Luyten & al, 2009) as a part of an assessment before and after the intervention. PRFQ has 18 items, three different factors and a sum score.

Results: RF showed a small, but not significant increase after the intervention. However, the parents with an initial RF below median (<5.40) had significant higher RF after the intervention ($t=-3.7$, $p=0.001$). Those with RF above median showed no significant change ($t=1.49$, n.s)

Conclusion: There was, as expected, an increase in the parent's RF, but only for those with low RF before the intervention. The finding indicate that COS-P works for parents with low RF, but may also be part of ceiling effects of the instrument. Validation of the PRFQ is still scarce, but it seems to be a promising instrument to detect changes in RF.

Social cognition and prematurity: Cross-cultural contributions from Brazilian and Portuguese infant samples

Discussant: Ana Osório

Social and Cognitive Neuroscience Laboratory and Post-graduate Program on Developmental Disorders, Mackenzie Presbyterian University, Sao Paulo, Brazil

Visual fixation patterns to social stimuli: Comparisons between samples of Brazilian preterm and term infants

Novaes Balam, G., dos Anjos Paula Vieira, E., Coutinho de Macedo, E., Osório A.
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Preterm birth is defined as live birth before 37 weeks of gestational age and is truly a global problem. In lower-income countries, such as Brazil, an average 12% of infants are born too soon compared with 9% in higher-income countries. The increase in survival rates highlights concerns regarding the long-term neurologic effects of preterm birth, as these infants are at higher risk for disturbances in social interaction, communication, and other psycho affective disorders throughout the lifespan. More specifically, previous reports have established important links between autism symptoms and prematurity, mostly using direct observation and parental reports (Johnson, 2007). In recent years, eye tracking has become an increasingly popular tool amongst infant researchers for providing an important extension to current investigative methods of infant cognition. Eye tracking studies might be particularly useful to better characterize perception and processing of visual social stimuli by premature infants, thus offering novel insights on the challenges they face when navigating social contexts (Karatekin, 2007).

The present work aims to compare the visual fixation patterns of preterm and term infants to purposeful motor actions. Infants will be presented with sequences of three pictures containing an actor in everyday situations (e.g., eating) – with either congruous or incongruous endings. We will present preliminary data from 20 Brazilian infants (10 preterm <37-32 weeks - age corrected for prematurity - and 10 term) who will be assessed at 12 months. Given previous reports of altered social cognition and functioning in preterm infants, we expect that the preterm group will display altered fixation patterns, particularly to the sequences containing incongruous endings.

Comparisons of joint attention abilities between Brazilian preterm and term infants at 12 months

dos Anjos Paula Vieira, E.¹, Novaes Balam, G.¹, Mateus, V.², Osório, A.¹

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Prematurity has a significant impact on infant's subsequent development, potentially causing a range of cognitive, social and emotional impairments that may persist into adolescence and adulthood, with important social and academic implications. Specifically in what concerns social-cognitive sequelae, several studies point to prematurity as an important perinatal risk factor for *Autism Spectrum Disorder* (ASD) (Limperopoulos et al, 2008). ASD is characterized by marked deficits in social interaction and communication from earlier ages. Joint attention refers to infant's ability to share attention regarding an object or event with an interactive partner and to monitor the partner's attention (Bakeman & Adamson, 1984). This capacity is considered one of the earliest milestones of social cognition, making it a relevant candidate for the study of early alterations in premature infants, a group at risk for ASD.

This study aims to compare joint attention abilities between 10 premature infants and 10 term infants at 12 months - age corrected for prematurity. The Early Social Communication Scales (ESCS; Mundy et al., 2003) are being used to assess joint attention abilities, in terms of Initiating Joint Attention (IJA); and Responding to Joint Attention (RJA). Data collection and coding are

underway. Comparisons with a low risk term sample will allow greater insight into the early markers in the preterm group, helping to elucidate the developmental trajectories of premature children.

Joint attention abilities in Portuguese late preterm infants at 15-months-old: Individual and relational contributions

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Joint attention, or infants' ability to coordinate attention with a social partner regarding an external event or object (e.g., a toy), emerges in the last trimester of the first year of life (Bakeman & Adamson, 1984). This capacity has been related to subsequent language acquisition (Mundy & Gomes, 1998) and social competence (Vaughan van Hecke et al., 2007).

Previous studies suggest that maternal sensitivity and specific temperamental profiles may influence infant's predisposition to engage in joint attention episodes. Infant social withdrawal may also compromise their availability for social interaction. Preterm infants show impairment in their joint attention abilities (e.g., Olafsen et al., 2006), especially high-risk preterm. However, studies focusing on the development of joint attention in late preterm are scarce or even inexistent. Although near term, these infants are still at risk for developmental problems.

This study aims to explore the contribution of individual and relational factors to joint attention in late preterm infants, age uncorrected for prematurity. Thus, we may assess more accurately the role of experience in joint attention of preterm infants. Twenty Portuguese late preterm infants, participating in a larger longitudinal investigation, were assessed at 12-months (T1) and 15-months (T2) chronological age. The quality of maternal interaction and infant's level of social withdrawal were assessed at T1. The Early Social Communication Scales (Mundy et al., 2003) were administered at T2 to evaluate joint attention. Mothers reported on infants' temperament at each time-point. Medical data about infant's birth was collected to determine risk status. The assessment of preterm infants and data coding are currently ongoing. Regression analysis will be run and preliminary results will be discussed in the light of the existing literature on joint attention, especially in premature infants.

Interventions for promoting maternal-infant attachment security via various modalities, including video-feedback for depressed mothers and reflective functioning for families of high psychosocial risk

Discussants: Tryphonopoulos, P.¹, Hart, M.², Anis, L.²

¹ Faculty of Health Studies, Brandon University, Brandon, Canada; ² Faculty of Nursing; Cumming School of Medicine (Pediatrics & Psychiatry), University of Calgary, Calgary, Canada

Narrative and Meta-Analytic Review of Interventions Aiming to Improve Maternal-Child Attachment Security

Letourneau, N.¹, Tryphonopoulos, P.D.²

¹University of Calgary, ²Brandon University

Introduction: Early secure maternal–child attachments lay the foundation for children’s healthy social and mental development, while insecure or disorganized attachment predicts a host of internalizing and externalizing behavioral problems. Interventions targeting maternal sensitivity and maternal reflective function during the first year of infant life may be the key to promoting secure attachment.

Method: Using narrative systematic review and meta-analysis, we examined the effectiveness of interventions aimed at promoting maternal sensitivity and reflective function on maternal–child attachment security, as measured by the gold standard Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978) and Q-set (Waters & Deane, 1985). Studies were identified from electronic database searches and included randomized or quasi-randomized controlled parallel-group designs. Participants were mothers–infant dyads followed up to 36 months’ postpartum and included populations affected by a variety of risk factors (e.g. low-income, lone parenthood, infant irritability). Studies examining children with neurodevelopmental disabilities were excluded.

Results: Ten trials, involving 1628 mother–infant pairs, were included. Examination of the trials that provided sufficient data for combination in meta-analysis revealed that interventions of both types increased the odds of secure maternal–child attachment, as compared with no intervention or standard intervention ($n = 7$ trials; odds ratio: 2.77; 95% confidence interval: 1.69, 4.53, $n = 965$). Interventions that focused on maternal sensitivity alone also increased the odds of secure attachment ($n=5$ trials, OR: 2.82; 95% CI: 1.65, 4.83, $n=405$), as did the interventions focused on both increasing maternal sensitivity and reflective function ($n=3$ trials, OR: 3.39; 95% CI: .90–12.74, $n=158$).

Conclusion: Interventions aimed at improving maternal sensitivity alone or in combination with maternal reflection, implemented in the first year of infants’ lives, are effective in promoting secure maternal–child attachments. Intervention aimed at the highest risk families produced the most beneficial effects.

Promising Results from an Interaction Guidance Intervention for Improving Maternal-Infant Interaction Quality of Depressed Mothers: A Randomized Controlled Trial

Tryphonopoulos, P.D.¹, Letourneau, N.²
Brandon University¹, University of Calgary²

Introduction: Mothers and infants in stressful environments, such as those affected by Postpartum Depression (PPD), are known to have (1) reduced quality interactions and (2) elevated cortisol levels, both of which are linked to negative developmental outcomes in children. Parent training to promote sensitive and responsive maternal–infant interactions may be helpful in promoting healthy development in children of mothers with PPD.

Methods: This feasibility pilot study tested the effectiveness of video-feedback interaction guidance intervention designed to improve maternal–infant interaction, depressive symptoms, and cortisol patterns of depressed mothers and their infants. An experimental, pre-test, post-test design was employed to randomly assign mothers with PPD to intervention ($n = 6$) and control ($n = 6$) conditions. At randomization, mothers were an average of 29 years ($SD = 2.96$) and infants were 6.33 months ($SD = 2.06$). After randomization, pre-test data were collected from both groups. Intervention mothers received 3 video-feedback sessions during home visits, provided at 3-week intervals. Control participants received 3 home visits on the same schedule. Post-test data were collected 10 weeks post randomization.

Results: Significant differences favoring the intervention group were observed in maternal–infant interaction quality [NCATS Caregiver–Child total scores, $F(1, 9) = 9.51$, $p = 0.0065$, $d = 1.43$], especially maternal sensitivity [$F(1, 9) = 4.52$, $p = 0.031$] and cognitive growth fostering activities

[$F(1, 9) = 7.08, p = 0.013$], and in reduced infant diurnal cortisol levels [$F(1, 9) = 4.97, p = 0.027, d = 0.939$].

Conclusion: Professionally guided video-feedback intervention appears to support improvements in interactions between depressed mothers and their infants and to optimize infants' diurnal cortisol patterns. Findings from this feasibility pilot will be used to support the development of a large-scale follow-up exploration to validate these findings with a larger, more diverse sample.

Action Team on Triadic Attachment and Child Health (ATTACH): Developing and Testing a Reflective Function Attachment Intervention

Letourneau, N., Hart, M., Anis, L.

University of Calgary

Background: Parents suffering from toxic stress (i.e. depression, addictions, family violence) are often unable to respond sensitively and appropriately to their infants. Secure attachment is also influenced by parental reflective function (RF), the parents' capacity to understand and therefore regulate their own thoughts, feelings and behaviour toward their child. The few RF interventions that exist, focus only on enhancing parents' understanding of their own psychological representations of caregiving and capacity to recognize denied or distorted affect about their child and their relationships, but do not promote learning RF skills via practice. Moreover, existing interventions typically target mothers, ignoring co-parenting support persons including fathers. Building on this background, the ATTACH team have developed and pilot tested a RF intervention program designed for mothers and their co-parenting support person.

Objectives: The objectives of this presentation are to provide an overview of: (1) RF; (2) RF focused parenting interventions; and (3) progress on the funded ATTACH pilot study designed to promote RF in mothers and their co-parent affected by toxic stress.

Methods: The ATTACH project is a randomized control trial pilot study (N= 20 families). The ATTACH Intervention operates over a 12 week period that includes 9 one-on-one sessions and 3 triadic sessions. Parent Development Interview, Nursing Child Assessment Satellite Training and Adult Attachment Interview are administered pre-and post-intervention to evaluate the effectiveness of the intervention. Data collection for the first pilot study has been completed with results to follow soon.

Anticipated results and implications for theory and/or practice: Community-based programs targeting attachment and RF that include co-parents address significant gaps in services for families affected by toxic stress, and are likely to have broad appeal and uptake. The ATTACH intervention model is designed for ready addition to existing services, making it easier and more likely that agencies will adopt this innovation.

15:15 – 16:45 Symposium

Families seeking asylum and the experience of post-dramatic syndromes for their babies and young children: evaluation and care

Moro, M.R., Radjack, R.

Department of Adolescent Health, Maison de Solenn, Hopital Cochin, Paris, France

Purpose: Awareness of war trauma effects on adults has increased, but impact on babies and children have not been enough studied, recognised and treated. Since 1989, we have focused our psychiatric expertise with "Médecins Sans Frontières" (ie Doctors without Borders, an international medical organization) in regions of wars and catastrophes around the world and in families seeking asylum in Europe.

Methods: We have built multidisciplinary intervention strategies, taking into account the cultural and social context and the specificity of the observed pathologies in these situations of severe crisis, which concerns directly as well as indirectly the destruction of family and group.

Results: Through concrete situations of babies and children and their parents we will analyse and evaluate modalities of psychological suffering of children, the clinic of trauma and above all the modalities of care. We will explain why strategies of intervention are defined with local teams and are the subject of training sessions on the spot.

Conclusions: Psychiatric interventions for families seeking asylum that have faced situations of extreme crisis require the establishment of strategies for care, with a multidisciplinary framework, valuing linguistic, cultural and social contexts.

15:15 – 16:45 Symposium

Making connections versus isolation: how the network can foster resilience in families with babies with attachment issues

Moderators: Micotti, S.¹, Pozzi, M.², Stawicka, M.³, Tagliabue, M.⁴

¹ CDBI ONLUS, Milan, Italy; ² Pip-UK, London, United Kingdom; ³ ZERO-FIVE. The Foundation for Infant Mental Health, Poznan, Poland; ⁴ Synuosa, Milan, Italy

Discussant: Polaszewska-Nicke, M.

ZERO-FIVE. The Foundation for Infant Mental Health, Poznan, Poland

Early prevention: web listening to analyze the main hidden questions on parenting

Tagliabue, M.

Brand Insights, Synuosa, Milano, Italy

In recent years, parents with young children have been trying to escape isolation by contacting other parents through the internet to compare similar feelings, experiences and difficulties. The sociologist Zygmunt Bauman has pointed out that this virtual world produces a “fragilization” of human relationships: people tend to search for a comfort zone where they can share anxiety and only develop positive emotions. This zone doesn’t allow for debate with people who have different perspectives, such as therapists or older generations. Dr. Tagliabue uses a method of listening to the internet called “semantic technology”. She monitors the conversations between parents and produces data that describe the current situation. Data were collected between January and July 2014 mainly from social networks (Facebook and Twitter), blogs and forums on parenting. The main topic that parents in search of company explored, at any time of the day or night, was how to manage their child’s temper tantrums and negative feelings. It was shown that parents try to avoid negative feelings, but are presented with them anyway through the natural course of life. How can we dialogue with these parents to make them feel helped rather than patronised in order to develop resilience instead of fragility?

Mindfulness for parents and babies: fostering resilience in an emotionally vulnerable population

Pozzi Monzo, M.

Infant Psychotherapy, EPIP, London, United Kingdom

What is Mindfulness? It means learning to pay attention non-judgmentally in a purposeful way in the present moment. This popular, highly researched intervention with many applications is demonstrated to have clear effects on the immune system and brain functioning. It can reduce stress and depression and is also used to treat addiction. A Mindfulness group was offered by the Enfield Parent Infant Partnership (EPIP) service based in London, to parents with babies under

one, who had been referred for bonding issues, anxiety and depression, feeding issues, sleeping patterns, excessive crying, fretful babies and medical issues. The first part of the group offered parents the opportunity to learn and practice mindfulness in the presence of their babies. Parents became aware of the link between their thoughts, body reactions and the baby's response. This practice guided parents to tune in to their baby, fostering proper bonding and a state of separateness, freeing the baby from parental anxieties and projections. The second part consisted in a discussion on topics and difficulties close to the parents' hearts for which they were referred. The group helped by containing parental anxieties, calming babies and fostering their emotional and physical developmental trajectory.

Improving the dialogue between paediatricians and psychotherapists

Micotti, S.

Settore di Psicoterapia Infantile, Centro Benedetta D'Intino Onlus, Milano, Italy

In the search for the best way to make contact with parents and children with emotional problems as early as possible, the team of psychotherapists at the Centro Benedetta D'Intino Onlus in Milan, a non-profit service for the prevention and cure of emotional suffering in families and children from birth to 18 years, created a Balint-style case discussion group including psychotherapists and paediatricians who work in the same geographical area. Our attitude of promoting observation and reflection is inspired by both Balint's followers' experiences all over the world and the pioneering experience of Dilys Daws in her work "Standing by the weighing scales". Over the ten years that the interdisciplinary group has been meeting, the dialogue between paediatricians and psychoanalysts has developed. The fruit of this development is that now the group has a more psychoanalytical way of considering the relationship between body and mind, the origin of emotions and the transgenerational stories that come hand in hand with 'difficult' patients. The group has worked on promoting relationships with others through group reflection about personal experiences of empathy, helplessness, anger and pain – or countertransference – that have taken shape between doctor and patient. My contribution will explore how the different minds in the group work through confused uncertain thoughts and to see difficult cases through new eyes. Parents' attitude towards seeking emotional help from paediatricians and psychotherapists has now changed from mistrust to curiosity.

Reflective support for home-visiting midwives

Stawicka, M., Polaszewska-Nicke, M.

Infant Mental Health Service, ZERO-PIĘĆ. ZERO-FIVE Foundation, Poznań, Poland

The presentation will show the ZERO-FIVE Foundation's activities within various projects. ZERO-FIVE is a non-profit foundation for infant mental health, based in Poznań, Poland. One of the projects, "NOT ALONE", was mainly developed to prevent child maltreatment and neglect. Through its projects, the Foundation provides families of infants, and "first line specialists" (midwives, nursery teachers), with professional psychological support and knowledge. As an example, the training for home-visiting midwives will be described. The training, consisting of workshops and supervisions, was planned to equip the participants with knowledge about infant development and risk factors in family functioning, while inspiring reflection on the every-day practice. In particular, the supervisions have created a unique setting to discuss difficult cases, and broaden the workers' understanding of the mental processes involved. They have helped them to develop a more reflective approach to the intensive experiences of the families of newborns, to the babies' needs, and the power of parent-infant interactions. Moreover, they have helped them to cope with the intensive emotions midwives are confronted with. They have also

empowered them to decide about referral, e.g. to psychologists, and thus build trusting relationships between specialists. Such an approach to the work of medical staff is a novelty in Poland, and seems to be helpful in equipping them with useful tools and support, which are vital for professional work.

15:15 – 16:45 Symposium

Initiatives in infant and toddlers mental health: the case of four Arab countries

Moderator: Akoury Dirani, L.

Psychiatry, American University of Beirut, Beirut, Lebanon

A certified training in Infant psychology and psychopathology

Benjelloun G.

Psychiatry, Society of Moroccan child psychiatrists and associated professions, Casablanca, Morocco

Training of child and adolescent psychiatrists, pediatricians and all mental health professionals, who work in a child and adolescent psychiatry service. Developed since 2014 as continuous education training, this program addresses challenges in perinatality and prevention of mental disorders. 30 participants were enrolled for the first round: 1 neonatologist, 2 pediatricians, 1 family medicine. 3 child psychiatrists, 17 psychologists, 1 educator, 1 nutritionist, 1 language pathologist, 3 psychomotor therapists. All participants were extremely satisfied and changed their practice after this learning experience.

Antenatal maternal bonding in mothers via In Vitro Fertilization

Emadeldin M.

Psychiatry, Bani Sued University, Cairo, Egypt

This study aims at comparing mothers conceiving through in vitro Fertilization (IVF) and naturally conceiving mothers regarding maternal fetal relationship during pregnancy. Infertile women in Egypt face several sociocultural challenges that may affect their antenatal bonding in assisted pregnancy. 69 women with IVF conception mode and 65 women with NC mode were surveyed using the Maternal-Fetal Attachment Scale (MFAS) and the Edinburgh Postnatal Depression Scale (EPDS). Maternal antenatal bonding was significantly higher in mothers who conceived via IVF compared to those who conceived naturally. Female-oriented factors of infertility tended to be associated with lower bonding in antenatal period.

Safe Start, an early intervention program at the American university fo Beirut Medical Center

Akoury Dirani, L.

Psychiatry, American University of Beirut, Beirut, Lebanon

Safe Start aims at offering a comprehensive and longitudinal follow up of infants and toddlers (0 to 6 years) displaying developmental, emotional and behavioral disturbances and academic delays making them at-risk of developing mental health problems. Safe Start emerged based on national figures portraying the current status of assessment tools to early detect mental disorders in young children. A comprehensive assessment of the child followed with an intervention plan in close coordination with the family and the team of professionals constitutes the backbone of the program. This paper will present the background, the architecture of the program and clinical

vignettes to illustrate its implementation. In conclusion, challenges and future perspectives are designed.

Socio-Cultural Conceptions of Attachment in the Arab Gulf

Azhar Abu Ali

Dubai Health Authority, Dubai Health Authority, Dubai, United Arab Emirates

The psychological conception of attachment as a construct has traditionally focused on the child-parent relationship, and the universality of attachment typology. From an empirical and clinical lens, this presentation aims to highlight the impact of socio-cultural factors on the development of attachment within the Arab culture. Illustrations embedded within the complex and diverse nature of the Gulf culture will be utilized to underscore the relative nature of attachment. At the familial level, globalization and economic shifts have reshaped gender and familial roles which in turn redefined the path toward a secure attachment. At the macro levels, the developmental impact of large scale socio-political traumas such as through war, migration, and exploitation will also be addressed. These are proposed as potential contributors to the disruption of secure attachments, and to the manifestation of maladaptive inter- and intrapersonal sequelae within the Arab region. Clinical implications for attachment and trauma-informed prevention and intervention models will be overviewed.

15:15 – 16:00 Workshop

BABIES and PreSTEPS: Preparation of interdisciplinary professionals to address developmental needs of newborns and young infants and their families

Browne, Joy V.¹, Talmi, A.²

¹ *Departments of Pediatrics and Psychiatry, University of Colorado School of Medicine, Aurora, United States;* ² *Departments of Psychiatry and Pediatrics, University of Colorado School of Medicine, Aurora, United States*

Introduction: Fragile newborns and infants who are born with a likelihood of lingering developmental concerns require specialized assessment and intervention based on their unique developmental needs. Providing evaluation, preventive-interventions, and family support services for fragile newborns and their families is extremely complex and requires a great deal of area specialization. Few early intervention or health care providers have the expertise, education, or experience to work with this age group and the complexities associated with their medical fragility and relationship based development.

Aims: 1) Introduce the BABIES Model as an evidence-based approach to assessment and intervention for fragile newborns and their caregivers and 2) apply the BABIES Model to presented cases to build professional practice skills.

Description: The BABIES Model workshop is for interdisciplinary developmental, mental health and medical care providers. Application of a *learning collaborative* approach, including *reflective consultation* provides a broad-based foundation that yields expertise in support of newborns and young infants with health care needs, developmental disabilities and those who are at risk for relationship disturbances. The workshop will describe evidence-based approaches to assessment and intervention for an infant's Body Function, Arousal and Sleep, Body Movement, Interaction with Others, Eating, and Self Soothing. Support for families will focus on the evidence based best practices of the PreSTEPS Model: Predictability and continuity, Sleep and arousal organization; Timing and pacing, Environmental modifications, Positioning and handling and Self-soothing supports. Data on identified needs, practice change, and learning outcomes will be presented.

Conclusions: Providers would benefit from specialized training to increase their capacities to evaluate, intervene and support optimal relationships for families and their fragile newborns. The BABIES Model promotes best practices that enhance developmental, physical and mental health outcomes.

16:00 – 16:45 Workshop

Groups for parents with complex PTSD – focusing on family interaction

Friberg, L.M.¹, Mankila, P.²

¹ *The Severe Traumatization and Parenting Project, Trauma Centre Finland, Helsinki, Finland;*

² *The Severe Traumatization and Parenting Project, Trauma Centre Finland, Oulu, Finland*

Parental childhood traumatization is a well-established and often encountered risk factor for optimal child development. It may be a hidden cause accounting for or maintaining psychosocial or psychiatric problems of the child. Parents suffering from complex post-traumatic stress disorder (C-PTSD), often present with problems that make it difficult for them to benefit from therapeutic support.

Trauma Centre Finland has run a four-year project piloting new formats of parenting groups with the aim of developing tools to enhance parental functioning in this high-risk population. The 30 session group is based on trauma treatment guidelines and cognitive methods. Parental symptoms have been assessed to examine how they are related to subjective and objective parenting difficulties in the domains of parental stress, reflective functioning and family interaction. Video sessions, using the Lausanne Trilogue Play (LTP) situation, have been used to gain information of shared parenting and triadic family-interaction. Individually designed reviewing sessions function as a strong intervention. Specific difficulties in the triadic interaction are first identified. In the reviewing session the focus is on those transient moments where interaction does meet the child's developmental needs.

This type of triadic intervention seems to be a feasible addition to the parenting group. It helps bring to focus the child's needs in the family interaction. The reviewing process has been readily accepted by the parents, despite their general distrust in e.g. health care authorities. We will present clinical observations on how trauma symptoms relevant to parenting are manifested in group discussions, behavior and parenting measures. Video excerpts are shown to illustrate some typical findings. We will discuss clinical challenges that are encountered in work with parents who have suffered severe hardships in their early lives.

15:15 – 16:00 Workshop

Demonstrating how an innovative and comprehensive assessment process guides priorities in intervention for infant and family mental, physical and developmental health

Hapchyn, C.A.^{1, 2}, Lorrain, B.^{1, 3}

¹ *Division of Child and Adolescent Psychiatry, University of Alberta, Edmonton, Canada;*

² *Developmental Pediatrics, Glenrose Rehabilitation Hospital, Edmonton, Canada;* ³ *NICU, Royal Alexandra Hospital, Edmonton, Canada*

Introduction: Completing a holistic assessment that can guide intervention in complex clinical situations in which there are co-morbid developmental and mental health concerns is challenging. The Neurorelational Framework (NRF) is based on three core concepts of brain development and organizes clinical complexity through three steps which assess and improve: 1) stress and stress

recovery patterns in the child and parent, 2) levels of engagement in relationships and 3) individual sources of vulnerability (triggers) and resilience (toolkits) in brain networks.

Aims/purpose of the project: The application of dynamic systems theory and knowledge translation to “in the field” clinical practice will be demonstrated via a detailed case presentation. Brief examples of interventions applying this framework in various clinical practices including community mental health, consultation to NICU, preschool/childcare consultation, child welfare consultation and consultation to a children’s developmental/rehabilitation hospital service.

Description of the work: Two infant psychiatrists will review a semi-structured interview and show how the NRF assessment process prioritizes and guides intervention as information is collected. The added value of the NRF to help organize and formulate complex patient histories to aid interdisciplinary collaboration will be highlighted. We will demonstrate use of visual tools which explain brain development and function to parents and clinicians and which also help define the child’s and parent’s strengths and challenges. The case presentation will detail the steps used session by session to illustrate how the intervention reduces toxic stress for the infant, improves parent-child engagement and enhances parental empathy and reflective functioning.

Conclusions: The Neurorelational Framework helps the clinician organize complex data quickly and efficiently to understand dynamic brain functioning which guides evidence-based interventions.

16:00 – 16:45 Workshop

Fathers for change: A new approach to working with fathers with co-occurring substance abuse and intimate partner violence

Stover, C. Smith

Mental Health Law and Policy, University of South Florida, Tampa, United States

Introduction: Although there has been extensive focus on the treatment of mothers of infants who abuse substances or maltreat their children, there has been little consideration of the need for interventions for fathers with histories of co-morbid violence and substance abuse that could benefit their young children.

Aims: This workshop will describe an intervention approach called Fathers for Change that addresses the co-morbidity of substance abuse, domestic violence, and child maltreatment for men involved with the criminal justice system or child protection who are fathers of infants and toddlers. A description of the Fathers for Change program with case examples completed both in outpatient and residential substance abuse treatment programs will be provided along with outcome data in two pilot evaluation studies. Successes and challenges will be described with audience members encouraged to discuss ways of overcoming obstacles in implementing father-child programs.

Description: Fathers for Change is unique in its focus on the paternal role throughout treatment. The central premise is that focus on men as fathers and increasing their feelings of competence and meaning within their parenting role, will provide motivation to change maladaptive patterns that have led to use of violence and substances. The intervention combines attachment, family systems and cognitive behavioral theory and techniques with the goals of: 1) increased awareness and understanding of the ways one’s own childhood and family of origin has influenced current feelings and behavior related to relationships and parenting, 2) decreased substance abuse and IPV by identifying hostile thinking and teaching coping skills, 3) improved co-parenting communication and problem solving, and 4) increased reflective functioning and parenting skills.

Conclusions: Fathers for Change is a promising practice for working with fathers in the community and residential substance abuse treatment that can reduce violence, substance abuse and improve father-child relationships.

15:15 - 16:45 Brief Oral Presentations

Infant Mental Health: Vulnerable Infants from China to Chile through Europe

Facilitator: Risholm-Mothander, P.
Sweden

Introducing psychological methods in pediatric child health care

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Introduction: The somatic health of Swedish infants and preschool children is relatively good, partly thanks to the well established child health care centers. During the last years the focus has instead turned to methods for assessing mental health. These methods need to be suitable for pediatric nurses and fit well into their faithful relationships to the parents.

Purpose and aims of the projects: The aim of these projects is to find better methods to early identify and support children and families with mental health issues. A second aim is to describe health among preschoolers through the parent surveys and nurses assessments.

Description of the work: In order to take on the new demands and to promote early identification of children and families with mental health issues or risk for developing such, new methods are tested in Stockholm, Sweden. At 4 months a visit dedicated to the father/partner has been tested and a manual for this visit developed. In another project children at 3-5 and 8 months are assessed with ADBB (Guedeney) to identify signs of social withdrawal. And in a large project with 2500 three year olds, new methods to assess mental health and communication are tested, as well as a websurvey including the Strengths and difficulties questionnaire (Goodman) to the parents and web-based information on 3 year olds health, development and everyday living in the family.

Conclusions: During this workshop we will present experiences and results from the father visits, describe the implementation of ADBB and outline the parental survey, the webpage and the manual for the 3 year visit.

A neurogenetic approach to indiscriminate and inhibited attachment behaviors: brain activity in face familiarity processing in institutionalized children and children with Williams syndrome

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Introduction: Lack of consistent care from an individual caregiver may limit institutionalized children's opportunities for establishing an emotionally close and long-lasting relationship with a significant adult, often leading to inhibited attachment behavior or indiscriminant social behavior. However, not all children exposed to these adverse experiences develop atypical behaviors, suggesting that other factors, namely genetic, may also account for their emergence. Children with Williams syndrome (WS), a rare genetic disorder, also display indiscriminant friendliness in the

absence of adverse care conditions, providing a possible neurodevelopmental genetic model for indiscriminant behavior.

Aims: Following a previous study with a group of institutionalized children ($N = 47$), the current study compared the neural correlates of face familiarity in those children displaying inhibited ($n = 5$) and indiscriminate ($n = 10$) behaviors and children with WS ($N = 8$).

Materials and methods: We used ERPs and exact-Low Resolution Tomography techniques with a face familiarity paradigm.

Results: Results showed that WS had larger P1 amplitude than indiscriminate and inhibited children regardless of face familiarity (power = .79), which was associated with brain hyperactivation in middle and superior temporal gyrus, angular and supramarginal gyrus, superior occipital gyrus and precuneus. Moreover, indiscriminate and WS children showed similar N170 amplitudes for both familiar and unfamiliar faces; while inhibited children displayed a larger amplitude for the caregiver's face (vs. stranger's face) (power = .84) associated with hyperactivation of the left medial and superior frontal gyrus, as well as left cingulate gyrus. This is the first study to show similar neural patterns in the processing of face familiarity in institutionalized children with indiscriminant social behavior and children with WS. Despite the small sample size, statistical power values provide confidence to our interpretations, calling attention to a possible interface between WS critical genetic region and environmental factors for indiscriminant behavior.

Developing services for adoptive and foster families in Russia: what do parents and professionals need?

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In the Russian Federation over the past decade, a decrease in the rate of institutionalized children and an increase in the rate of children placed within foster families testify to the efforts directed towards educating the Russian public about the crucial role families play in optimal child development. However, Russia continues to institutionalize over 1% of children < 18 years of age (2010, 1,172 per 100,000 population). Progress in finding permanent homes for young children has lagged with a 13% decrease in the rate of domestic adoption from 2005-10. Compounding this problem, there has also been an increase in the number of children either abused in their new homes or returned to institutions because their new families have been unable to meet their needs. The Russian-US project "From Institutional Care to Family Support: Development Of An Effective Early Intervention Network in the Nizhny Novgorod Region" was started to provide new services from vulnerable families. The project was funded by USAID, KPMG (Russia) and supported by Nizhniy Novgorod Ministries of Health and Social Policy. In-depth training program for specialists started in November 2010. It consisted of ten, two to six day workshops with visiting experts. The objective of this program was to provide local specialists the knowledge and skills necessary to conduct family support services at their respective establishments. This program consisted of lectures; theoretical exercises; demonstrations and analyses of concrete clinical cases; and supervision throughout the two-year program as the specialists started to implement their new skills and knowledge into their work with children and families. Instructors included Russian trainers and American experts. An assessment of educational needs of specialists working with families was carried out and the training program was based on the results of this assessment. The progress of the participants was carefully documented and evaluated.

The status of early mental health of "left-behind children": a cross-sectional survey in rural China

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Introduction: Approximately 58 million of children living in rural areas in China have been left behind after their parents migrated to cities to find work. The impacts of parental migration on the early mental health of left-behind children (LBC) are uncertain.

Aims of the study: We conducted a preliminary cross-sectional survey to investigate the prevalence of these left-behind children, their status of early mental health and associated risk factors.

Material and methods: A total of 390 children below 3 years old were enrolled from two counties in Anhui province, China. Their caregivers completed questionnaires on demographics, the Family Support Scale (FSS), the Parenting Self-efficacy Scale (PSS) and the Early Childhood Mental Health Scale (ECMHS).

Results: The estimated prevalence of left-behind children in the area was 76.9% (300/390), comprising 31.2% (122/390) and 45.6% (178/390) children as a result of migration of either parent or both parents, respectively. The duration of breastfeeding for LBC was significant lower than those staying with mothers (8.74 vs. 10.14; $p < 0.01$). LBC had fewer reading books than non-left-behind children (NLBC) ($p < 0.05$). LBC also showed fewer times of physical check and higher case rate of diarrhea in the last two weeks than NLBC. LBC who were fostered by caregivers with lower levels of parenting efficacy, and came from poorer families with less social support, experienced more mental health problems than other children.

Conclusions: The study confirmed some negative outcomes for children who were left-behind in their early childhood. As the huge population proportion of LBC in rural China, more research on intervention strategies to improve the early mental health of LBC is urgently needed.

Implementation of COS-P in Swedish Infant Mental Health Clinics

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The aim was to study the implementation of COS-Parenting in Sweden, using a broad design drawing data from both quantitative and qualitative sources. A pilot randomised controlled trial (RCT) was performed to evaluate the feasibility of COS-P (COS) compared with treatment as usual (TAU) in families enrolled for infant parent treatment. In all, 52 parents, with an infant under 58 months (mean age = 15.0 months, $SD = 14.2$ months), were recruited from three Swedish Infant Mental Health Clinics. Parents were randomly allocated to either eight COS-P group sessions in addition to TAU or TAU only. Self-report measures at baseline (Time 1) included: State Anxiety Inventory (STAI), Centre of Epidemiological Studies –Depression (CES-D), Swedish Parental Stress Questionnaire (SPSQ), and Parental Reflective Function Questionnaire (PRFQ). Caregiver–infant interaction was assessed with the Emotional Availability Scales (EAS), measures were repeated 6 and 12 months later (Time 2 and 3). DC:0-3R 5-axes profiles, attachment diaries and caregivers Working Model of the Child Interview (WMCI) were assessed at T1 and T3. Parents and group leaders individually evaluated COS-P respectively, followed by open interviews. DC:0-3 profiles indicated significant improvements in parental functioning, reduction of stress and improved infant socio-emotional development from T1 to T3. Self-assessed parental stress was significantly reduced over time, but neither scores for anxiety nor for depression were reduced. No changes in reflective functioning were recorded. No between-group differences were

significant in these measures. Parents' sensitivity in the parent-child interaction improved, as did the inner working model quality, the effects were stronger in the COS- than in the TAU-group. COS-P was positively evaluated both by parents and group leaders. We will discuss the value of COS-P as a method for targeted interventions and in addition to TAU when focusing on improvement of parent-child interaction and parents' inner working model.

Using parent and baby groups to promote reflective functioning in high-risk families

Reardon, C.

Parent and Baby Unit, Bessborough Care Centre, Cork City, Ireland

This intervention is offered to parents who require professional family support to care for their babies while their parental capability and capacity to change is under review. A baby cannot survive emotionally without being thought about by another reasonably sensitive human being who can respond to the cues that prompt making the daily efforts and sacrifices that good enough parenting requires. Many parents struggle to offer this to their children often through not having lived through the experience themselves as infants and children. In order to support and enhance parents' capacity to build relationships with their babies we, in the Bessborough Centre, developed a group based intervention aimed at promoting parental reflective functioning. The weekly Babble Group is attended by parents and babies while on placement at a residential parenting capacity assessment unit. The group is facilitated by a parent-infant psychotherapist and family residential worker who both work on the unit. The presentation will look at how the group was set up and embedded into the organization and how it is maintained there. It will look at the role of the group in providing a secure base for parents and infants together to strengthen and build their relationships. It examines the challenges facing vulnerable, often traumatized or poorly resourced parents to 'be with' their infants and be curious about their shared experiences together. It will also look at the importance of a predictable, safe and regular space in promoting the social and emotional development of infants by supporting primary relationships. This project has been aided by a grant from the Parenting Support Initiative (PSI) in Ireland developed by The Katherine Howard Foundation (KHF). It is currently in the second phase of the project which involves designing a research project around the initiative.

Development of a pc tablet application for home visitors who work with pregnant women in at-risk contexts: a pilot program in Santiago, Chile

Aracena, M., Marinkovic, K., Aldana, C., Boetto, C., Lira, T., Elgueta, E.

School of Psychology, Pontifical Catholic University of Chile, Santiago, Chile

Introduction: Home Visiting is a common strategy used to protect population in at-risk contexts. In Chile, it is used by the National Program for Child Protection, as one of its main interventions. However, it has been observed that the implementation is not always complete.

Aims of study: For that reason, the objective of this study was to develop an App for home visiting agents that improves the implementation of home visits for at-risk pregnant women.

Material and method: An innovation project was developed, based on previous knowledge on home visiting. The App included an educational section, and a monitoring section with assessment tools and a home visit registration form. All data was uploaded and available for both home visitor and supervisor. The sample consisted of two para-professional home visitors, and five healthcare professionals. Policy makers from Health and Social Development Ministries and four other healthcare and IT professionals were also interviewed.

Results: The App was attractive and easy to use for home visitors and their patients. However, professional home visitors often didn't find the opportunity to carry out home visits, and used the

App for center-based activities. The App was also a contribution to save time and energy during registration. Meanwhile, policy makers perceived the App mainly as a solution for monitoring problems.

Conclusions: These results highlight the value of new technologies to improve the quality of primary healthcare services, especially ones that are not center-based. Monitoring functions appear to be the most valuable across sectors, which brings the challenge of extending the capability of this App to a nation-wide system of information management. However, results show that technology by itself cannot improve the results, if it does not come hand-in-hand with a strong and emphatic therapeutic relationship.

15:15 – 16:00 Workshop

Building infant mental health capacity in university-based graduate degree programs

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Introduction: Infant Mental Health (IMH) practice requires specialized training that typically occurs at the post-graduate level. Universities have an important role in accelerating workforce development by preparing graduate students to be IMH practice-ready. This workshop describes both a newly-established and a long-standing university training program. Together workshop 1, *An Innovative Interdisciplinary University-Based Mental Health and Developmental Practice (IMH-DP) Graduate Program* and workshop 2, *Community-University Partnerships for Continuous Improvement in IMH Training*, describe how critical aspects of IMH training can be integrated into ongoing degree programs with steps to establish and continuously improve training.

Workshop 1

Purpose: An innovative university-based IMH and Developmental Practice preparation program recently funded by the US Department of Education is described. The 15 month intensive interdisciplinary program trains 8 candidates each year through Adelphi University's Institute for Parenting.

Description: Candidates matriculate into the IMH-DP program between the first and second year of their primary graduate degree program. The curriculum integrates relational, developmental and trauma- informed theory, research and supervised clinical experience with reflective supervision, consistent with the IMH Endorsement competencies.

Conclusion: Candidates graduate with their primary degree, Endorsement -eligible and prepared to join the professional workforce increasing capacity both in numbers and expertise.

Workshop 2

Purpose: Since 1988 Wayne State University has offered graduate and post-graduate IMH training. In 2015 IMH faculty and community-based IMH supervisors worked together to enhance the curriculum and find ways to bring coursework "to life" in clinical placement.

Description: Through a year-long series of focus groups and meetings university faculty and IMH supervisors developed competency checklists, focused lectures and assignments and innovative

ways to increase communication between the university and community agencies supervising student interns.

Conclusions: Training programs can benefit from our university-community collaborative experience and ensure that program content is relevant and reinforced in the internship experience.

16:00 – 16:45 Workshop

‘Every Picture Tells a Story’ - Using patient stories to build reflective capacity and insight in a postnatal therapy group

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¹ *Medicine & Nursing, Elizabeth Clinic for Perinatal, Infant & Child Health, Claremont WA, Australia;* ² *School of Medicine, University of Notre Dame, Fremantle, Australia*

Introduction: We describe how we used a single picture to promote reflection about self and relationship in a postnatal therapeutic group setting.

Aims: ‘The Path To Wellness’ program is designed to reduce symptoms of anxiety and depression; support mothers and fathers in their relationship with each other, and with their children; increase parenting satisfaction and coping skills; help mothers develop a more helpful way of thinking and reflecting; and encourage parents to engage in furthering their relationships with their children where needed.

Description: ‘The Path To Wellness’, a manualised group treatment program for postnatal depression and anxiety for women with children aged 0 - 2 years, is an 11-session parent education & psychotherapy intervention with two couples sessions, and one Dads-Only session. Strongly influenced by attachment theory using Circle of Security concepts, psychoanalytic theory, and cognitive-behavioural theory, the program is facilitated by two therapists: one male and one female. Supervision is an integral component held weekly immediately following each session. Peter Fonagy introduced the concept of “reflective functioning” - the ability to imagine mental states in self and others. Through this capacity for reflection, we develop the ability to understand our own behavioural responses and those of others as a meaningful attempt to communicate those inner mental states. We ask parents to tell a story from a picture, and then to reflect on how the story correlates with the orientation towards the world they took from their interactions growing up within their own family. Further discussion encourages reflection on the way this particular orientation (or working model) has played out in their response to parenthood, and in the relationship with their own children.

Conclusions: The exercise is particularly valued by parents, and helps them to feel known and understood, potentially increasing their capacity to think differently about current important relationships.

15:15 – 16:45 Symposium

Attachment and mental health in institutionalized children, foster children, and adopted children

Moderator: Bovenschen, I.

Department of Family, German Youth Institute, Munich, Germany

Social communication difficulties in institutionalized preschoolers: from genes to environmental risks

Baptista, J.¹, Belsky, J.², Oliveira, P.³, Corval, R.¹, Fachada, I.¹, Mesquita, A.¹, Soares, I.¹

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Research consistently chronicles a variety of mental health problems among institutionally-reared children, including social communication difficulties. However, not all children living in institutions develop such problems. This heterogeneity has been poorly understood, probably because most research has been focused on the effects of duration of deprivation. In contrast, fewer studies have examined which specific characteristics of the institutional context contribute to such problematic functioning, while also exploring the role of pre-institutional experiences. Moreover, also yet to be explored is whether child factors, including genes found to be related to social communication impairments, such as the oxytocin receptor gene (OXTR), are associated and interact with the quality of care to explain such difficulties. This is the focus of the present study. The sample included 87 preschoolers (51 boys), living in Portuguese institutions, aged 4 years on average. The caregivers completed the Social Communication Questionnaire (Rutter, Bailey, & Lord, 2003) to assess children's social communication difficulties. Early neonatal and family relational risk composites were created, and the presence of maltreatment in the family, prior to institutionalization, was also analyzed. The quality of institutional environment was examined in terms of structural and stability of care. Moreover, the Ainsworth and colleagues' (1978) Sensitive-Insensitivity and Cooperation-Interference subscales were used during a videotaped task with the child. The presence (vs. absence) of an assigned/preferred caregiver was also evaluated. Regarding genes, DNA was extracted from saliva samples and genotyped for OXTR. Analyses will be carried out in order to examine the contribution of pre-institutional and institutional experiences, and genetic factors, for institutionalized preschoolers' social communication. Moreover, the putative moderating role of OXTR in the relation between (pre-) institutional experiences and the presence of social communication difficulties will be explored. Results will be discussed in terms of the importance of child factors and (pre-) institutional caregiving experiences.

Attachment behavior and attachment disorder symptoms in children raised in foster and institutional care: prevalence and determinants

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² Department of Psychology, University of Erlangen-Nuremberg, Erlangen, Germany;

³ Department of Family, German Youth Institute, Munich, Germany

The main objective of our investigation is the development of attachment and attachment disorders in children raised adverse caregiving environments. Specifically, we are interested in differences of attachment security and the prevalence of attachment disorder symptoms as related to risk and protective factors including both child and environmental factors. Findings from two studies conducted in Georgia will be reported. Study 1 consisted of a sample of children (N=16) living in an orphanage with a caregiving arrangement not addressing children's attachment needs. Study 2 included two samples of foster children with pre-experiences of abuse and neglect: half of children had lived in institutional care before moving to foster care (N=30) whereas the other children were placed in foster care directly after being removed from their homes (N=30). Additionally, we included a control group of children being raised in their biological families (N=30). Data assessment included different measures of attachment quality and attachment disorder symptoms and quality of caregiving behavior in foster mothers and institutional caregivers, as well as additional risk factors. Preliminary findings from the institutional care sample

indicated a heightened prevalence of attachment problems and attachment disorder symptoms compared to low-risk samples. Data assessment and analyses of the foster children are still running. We expect that insecurity of attachment and attachment disorder symptoms will be more frequent in the group of children with preceding institutional care as compared to those without institutional care, and that in both foster groups they will be more frequent than in the control group. In addition, we expect that the effects of adverse pre-experiences will be moderated by the quality of the caregiver's behavior.

Attachment disorder symptoms and mental health of adopted children: the role of child and environmental factors

Bovenschen, I.^{1,2}, Kindler, H.¹, Braenzel, P.¹, Dietzsch, F.¹, Zwoenitzer, A.¹, Breddin, A.¹, Zimmermann, J.¹

¹ *Department of Family, German Youth Institute, Munich, Germany;* ² *Department of Psychology, University of Erlangen-Nuremberg, Erlangen, Germany*

Recent research has shown that adopted children – both domestic and intercountry adoptees - are more likely than nonadopted children to show a wide range of emotional and behavioral problems, to lag behind in physical growth, cognitive and language development and to be referred for mental health services. However, not all adopted children develop such problems. Although several studies have analyzed determinants of adopted children's adjustment difficulties and have reported on factors which allow children to overcome early adverse experiences, most studies solely focused on the effect of preadoption experiences (e.g., age of the child, duration of deprivation, country of origin) on later adjustment. Therefore, studies are needed including not only child factors (preadoption experiences, age of child), but also family processes (e.g. quality of care) and features of adoption services and professional support. The present study investigates attachment disorder symptoms and mental health of 170 adopted children in Germany aged between 2 and 6 years of age which have been adopted within the last two years. The sample consisted of both domestic (N=85) and international adoptees (N=85). Children's attachment disorder symptoms were measured with the Relationships Problem Questionnaire and the Disturbances of Attachment Interview. Additionally, adoptive parents' report of children's externalizing and internalizing behavior problems (Child Behavior Checklist) was assessed. Preadoption experiences, age at adoption as well as quality of care, adoption services and professional support were included as potential predictors of children's well-being. Preliminary results are going to be presented. Still running analyses will reveal differences between domestic and intercountry adoptions and will show if and how caregiving quality, adoption services and post-adoption support contribute to adoptees' psychosocial adjustment. Implications for further development of adoption policies and practices will be discussed.

15:15 – 16:45 Symposium

Circle of Security Intervention: A View from Four Continents

Moderator: Huber, A.

Centre for Emotional Health, Macquarie University, Sydney, Australia

Discussant: Boris, N.

Psychiatry, University of Central Florida, Orlando, Florida, United States

Which Elements of the Circle of Security Intervention is Effective for Children with Different Attachment Categories?

Kitigawa, M.¹, Iwamoto, S.², Kazui, M.³, Kudo, S.⁴, Matsuura, H.⁵, Umemura, T.⁶

¹ Faculty of Letters, Konan University, Kobe, Japan; ² The Graduate school of Humanities, Konan University, Kobe, Japan; ³ College of Education, Ibaraki University, Mito, Japan; ⁴ Center for the Promotion of Interdisciplinary Education and Research, Kyoto University, Kyoto, Japan; ⁵ Faculty of Human Development and Education, Kyoto Women's University, Kyoto, Japan; ⁶ Institute for Research on Children Youth and Family, Masaryk University, Brno, Czech Republic

Introduction: While both the Circle of Security Parenting (COS-P) parenting education program and the Circle of Security (COS) group-based therapy provide psycho-education to reflect the mother's intimate relationship, only the COS includes video review parent-child interactions.

Aims of Study: The present study examines whether parent-child relationship quality differs between mothers who had only the COS-P and those who had both COS-P and video review.

Material and methods: Twenty-four dyads of mothers and preschool aged children are being studies. We collected data before the intervention (Time1), after COS-P sessions (Time2), after the video review sessions (Time3), and 6 months after the intervention (Time4). At each time point, we measured child attachment behavior using the Strange Situation procedure (SSP) and mothers' emotional/psychological characteristics. At Time1 and Time4, the adult attachment interview (AAI) was conducted to mothers.

Results and conclusions: Results will be presented on the longitudinal outcomes of children and caregivers. The focus for this symposium is on the degree to which initial attachment classification predicts both child's later classification and caregiver characteristics

Improved Child Behavior and Parent Emotional Wellbeing After 20-week Circle of Security Intervention.

Huber, A., McMahon, C., Sweller, N.

Centre for Emotional Health, Macquarie University, Sydney, Australia

Introduction: Previous research showed improved child attachment, parent reflective functioning and caregiver representations after parents completed the Circle of Security 20-week intervention (COS).

Aims of study: To extend research by examining COS 20-week intervention effectiveness in improving children's behavioral/emotional functioning and parent emotional wellbeing.

Materials and methods: Participants were 83 parents with child (1-7 years) behavioural/emotional concerns who completed COS in a community clinic. Pre-post measures of child behavioural/emotional functioning (CBCL, DECA-C), parenting stress (PSI) and parent psychological symptoms (SCL-90R) were collected. Repeated measures ANOVAS were used to test hypotheses that: 1) child protective factors would increase and 2) child behavioural/emotional problems, 3) parenting stress, and 4) parent psychological symptoms, would all decrease after COS, and that those with more severe symptoms would improve most.

Results: All hypotheses were supported. Children and parents with poorest baseline functioning improved most. Changes were also clinically significant.

Conclusions: Findings suggest COS 20-week group intensive intervention is effective in reducing child behavior problems, parenting stress and parent psychological symptoms in clinically referred families concerned about child behavioural /emotional problems. Discussion will address possible reasons for improvements and issues about use of intensive vs shorter COS interventions in community settings.

Evaluating the Circle of Security Group Intervention: Changes in attachment states of mind and reflective functioning in mothers with postpartum mood disorders

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¹ *Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University Hospital Muenster, Muenster, Germany;* ² *Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center, Hamburg-Eppendorf, Germany;* ³ *The Anna Freud Centre, London, United Kingdom*

Introduction: Studying attachment representations and mentalization in clinical groups of mothers with postpartum mood disorders might contribute to a better understanding of mother-infant-treatment.

Aims of Study: This study examined the effectiveness of the attachment-based Circle of Security (COS)-20-session-group intervention approach compared to mother-infant treatment as usual (TAU) among postpartum mothers with mood disorders under standard clinical outpatient conditions. Specifically, we focused on changes in mothers' attachment state of mind and reflective functioning from pre- to post-intervention.

Materials and methods: Eligible mothers with infants (N=76) aged 4-9 months were randomly assigned to each treatment arm (n=36). Each mother's psychopathology (SCID-I, II; BDI, SCL-90) was assessed at baseline; maternal attachment state of mind and reflective functioning (RF) was determined by the Adult Attachment Interview (AAI; AAI-RF), and each mother's child-focused metalizing by means of the Parental Reflective Functioning Questionnaire (PRFQ-1) at baseline and follow-up at child's age 16-18 months.

Results and Conclusions: Results are expected to show how COS/TAU intervention might change the mother's current understanding of prior attachment relationships and/or the mother's level of complexity in thinking about the mental states of her own caregivers and her child in attachment-relevant situations. Clinical implications for mother-infant-psychotherapy are discussed.

15:15 – 16:00 Video Presentation

Playing with reality: creativity and the baby

Hill, C.

Faculty of health, Arts, Design, Swinburne University of Technology, Melbourne, Australia

Winnicott showed us how a good-enough holding environment allows the baby to create and discover her own world. As the baby develops, she draws on this creative capacity again and again, in her play and through her relationships, to become an adult who can live creatively. The challenge for adults is to find and make relationships that encourage that creative potential. In this case, a PhD by artefact and exegesis provided the space for the adults involved to use their imagination to cross discipline borders and discover new thoughts. The artefact is a play which assumes the form of a fictional Infant Observation to tell the story of a baby and her parents as they learn about each other and themselves; the exegesis provided both a theoretical structure for

and a descriptive analysis of the play. This presentation demonstrates and describes how theatre, poetry, dance, neuroscience, and psychoanalytic theory worked and played together in a space where creative writing and academic writing encouraged each other, a space enabled by good-enough academic supervision. It shows how, by using our imagination to create a fictional infant, we can discover and share something about the actual infant's emotional experience. Following the play – offered here as a performance text with the audience playing the role of Infant Observer/s – the writer and her supervisor will discuss the creative process in the context of their relationship and Winnicott's infant.

16:00 – 16:45 Video Presentation

Mellow Parenting Observation System: A valid tool for clinical and research use

Puckering, C.

Programme Development, Mellow Parenting, Glasgow, United Kingdom

Introduction: Many infant mental health interventions have capitalised on the use of video but in different ways. Some use prepared video to illustrate interaction for parents. Others video the parents with their own children and give feedback, usually on strengths. Some methods edit the parent-child video, others work with parents on all of their own video. Observation is a central skill in all infant mental health work and validated methods are an important tool.

Aims: To present the Mellow Parenting programme's use of video and discuss the underlying principles and evidence for this method.

Description: The presentation will describe the Mellow Parenting Observation System, examine its validity (1) and use case material to illustrate video feedback using this method.

Conclusions: The Mellow Parenting Observation System is a validated method of observing and feeding back to parents. Skilling up observers and empowering parents with their own babies are key aims for successful mental health work.

1. Puckering, C., Allely, C. S., Doolin, O., Purves, D., McConnachie, A., Johnson, P. C., ... & Wilson, P. (2014). Association between parent-infant interactions in infancy and disruptive behaviour disorders at age seven: a nested, case-control ALSPAC study. *BMC Pediatrics*, 14(1), 223.

15:15 – 16:45 Poster Workshop

Interventions with Extremely Premature Babies in Hamburg and Research Exploring the Role of Oxytocin

Facilitator: Brisch, K-H.
Germany

Facilitating Parent-infant interaction with EPB. Comparing 2 evaluations in the city of Hamburg

Quitmann, J., Witt, S., Brandt, D., Kollmeyer, M.
Charitable organization, Von Anfang an.e.V., Hamburg, Germany

"Von Anfang an." is a Hamburg-based counselling office offering an attachment base preventive program to parents who ask for the offer because of regulation disorders of their infants. In 2011 the effect has been proven by the evaluation of the Psychological Department of the University Clinic of Hamburg. Three years later the method has been extended to several hotspots in the city as "External counsellings Von Anfang an," with similar results. The poster compares the two

evaluations with different populations coming to the same result, concluding that the prevention is a useful to facilitate parent-infant-interaction and the self regulation of the infant. Therefore we discuss whether it should be offered as free regular early counselling to all first-time parents and infants under 12 months.

17:15 – 18:45 Symposium

Race, trauma and repair in the interfacing of IMH knowledge systems: Perspectives on the use of researched psychoanalytic and attachment-based accounts of development in Southern African contexts

Moderator: Baradon, T

Infancy and Early Years, Anna Freud Centre, London, United Kingdom

Discussants: Baradon, T¹, Bain, K², Raphael-Leff, J³

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Potential blind spots and pitfalls: Problems with generalisability and transferability of unmodified application of Western-derived IMH understandings

Raphael-Leff, J.

Academic Faculty for Psychoanalytic Research, University College London, London, United Kingdom

Introduction: This paper raises concerns about the cross-cultural generalisability of IMH knowledge systems, and their integration with local beliefs about nurturing and expectations of primary emotional tasks in early childhood.

Aims: To raise awareness about potential pitfalls of unmodified application of delivery programmes in contexts of multi-ethnic diversity, across large income discrepancies, and in traumatised or non-western communities. This will contextualise the next papers in the symposium, which present overlaps and potential clashes between Western-derived and local systems of understanding among lay Zulu/Xhosa IMH practitioners in impoverished South-African townships.

Method: As a psychoanalyst and transcultural psychologist I offer a theoretical discussion on problems of transferability (of conceptualisations such as 'internal psychic reality', 'containment', 'shared parent-infant unconscious'; transferential dynamics; meaning of symptoms, etc.). My overview spotlights some Western blind-spots—centuries of Philosophy and Art history that excluded women; colonial imposition of 'superior' religious and theoretical frameworks that marginalised indigenous values and traditional healing methods; well-meaning presumption of female universality by white Anglo-American middle-class feminists, which occluded vastly diverse experiences of women-of-colour or those living in poverty in their own societies.

Conclusions: Theoretical and practical adaptations are required to construct a range of culturally-appropriate clinical interventions and/or prophylactic projects in community health settings.

Interfacing IMH knowledge systems: Perspectives of South African 'trainee' mother-infant home visitors

Baradon, T

Infancy and Early Years, Anna Freud Centre, London, United Kingdom

Introduction: This paper describes an interpretive thematic analysis conducted on reports of lay home visitors from a deprived SA locality about their experiences of learning and applying Western-derived knowledge. The 'local voice' is explored within the interface of psychoanalytic/attachment-based and local IMH knowledge.

Method: The interviews covered structured and associative exploration of the assimilation of new knowledge with local cultural knowledge about infancy. The home visitors describe the personal impact of the newly acquired ideas in relation to their own upbringings and parenting of their children.

Outcomes: The integrated post-training relational story of development was coherent and strongly influenced by psychoanalytic and attachment theories. However, the positive narrative in which mothers are able to support their infants' well-being was challenged by a converse model of relational breakdown and mistrust, embedded in the ecological context of poverty, gendered violence, and limited access to supportive healthcare services. Personal experiences of extreme deprivation and threat, shared with the mothers with whom they worked, featured prominently.

Conclusions: If psychoanalytic and attachment-informed thinking about development makes sense to those in the local context, there are important implications for IMH service development and delivery. Thoughts as to how to promote the interfacing of these knowledge systems in the field are offered.

Interfacing IMH knowledge: Perspectives of South African supervisors supporting mother-infant home visitors

Bain, K.

Psychology, University of the Witwatersrand, Johannesburg, South Africa

Introduction: This paper describes South African supervisors' experiences of teaching and applying psychoanalytic and attachment-based IMH knowledge in an African supervisory context with African supervisees and mother-infant dyads.

Aims: To understand the utility and limitations of psychoanalytic and attachment-based IMH knowledge within a high-risk African context.

Method: Interpretive thematic analysis of the narratives of supervisors from two SA home-visiting projects.

Results: The results capture both the utility and struggles inherent in using psychoanalytic and attachment theory in an African context, both in the work with mothers and infants, but also in relation to the dynamics of the supervisory dyad. Explicit and implicit adaptations are made to theory and practice in order to accommodate local belief structures. This is explored in relation to the effects of SA's historical and ongoing issues of race, power and privilege found between supervisor and supervisee, and between supervisor and mother-infant dyads. The personal impact on supervisors of work in a setting that is not conducive to notions of Winnicott's 'holding environments' for mothers and infants, is also explored.

Conclusions: Supervisors find creative ways to adapt Western-derived thinking to suit township contexts and to manage uncomfortable tensions between 'knowledges' that are in many cases historically and contextually defined.

17:15 – 18:45 Symposium

Building workforce capacity in infant mental health: Three tertiary education training models

Moderator: Priddis, L.E.

School of Psychology and Social Sciences, Edith Cowan University, Perth, Australia

Discussant: Weatherston, D.
Michigan Association for Infant Mental Health

Pregnancy to parenthood: training psychologists in perinatal and infant mental health
Priddis, L.E.

School of Psychology and Social Sciences, Edith Cowan University, Joondalup, Australia

An innovative perinatal and infant mental health community based clinic designed to complement training for clinical psychology interns was established in a university setting in Western Australia. Students offer a low cost specialised service to the public under direct supervision of clinical psychologists with skills and expertise in infant mental health. Interns engage in a reflective supervision framework and the AAIMHI WA Competency Guidelines are used to articulate and specify competencies they develop over the duration of the placement. The clinic offers triage, consultation, assessment and intervention for families during pregnancy to through to early parenthood (0-3 years). Couple, dyadic and family based interventions are offered for antenatal concerns, birth trauma, adjustment difficulties, relationship difficulties, baby's wellbeing, and anxiety stress and depression in the post-natal period. This paper will describe the development and context of the clinic; the philosophical underpinnings and the teaching strategies as illustrated through a case example. It will detail how a reflective practice supervisory model works in this setting using reflections from both supervisors and supervisees to illustrate some of the gains and challenges. Plans to broaden this clinic to include an interdisciplinary focus are underway and will be a focus for discussion in this workshop.

Graduate education in infancy is strengthened by community partnerships
Fitzgerald, H.E.

Department of Psychology, Michigan State University, East Lansing, United States

The Interdepartmental Graduate Specialization in Infancy (IGSIS) was designed to prepare clinicians, researchers and practitioners to meet the challenges very young children and their families. The specialization is open to graduate students in 12 participating disciplines. The program is based on the philosophy that an interdisciplinary educational program is the best educational experience for professionals who will work with infants, very young children, and their families. Competency skills focus on four key areas: Theoretical Foundations, Practice Foundations, Foundations of Policy and Advocacy, and Foundations of Research and Evaluation. Community partnerships provide avenues for students to connect university-based knowledge to community-based knowledge through the principles of applied developmental science. We will review the program, provide evaluation outcomes of its success, and note plans for the future.

The economics of training networks in infant mental health
Kiely, D.

Bankwest Curtin Economics Centre, Curtin University, Bentley, WA, Australia

Training can not only give rise to increased productivity, but also adapt the skills of the workforce to satisfy labour market demands. Recent studies (see for example Huang et al., 2004) have demonstrated that in the area of children's mental health, advances in new service delivery models have outpaced preparation of the human service delivery workforce. Significant gaps between education and training delivery and actual service provision, as well as a lag time between development of evidenced-supported interventions and their implementation in the field exist. Training networks offer an innovative method of reduce such gaps by developing solutions

to problems, sharing best practice and combining resources to reduce the costs of training. This presentation presents the economic benefits of training networks in the context of the WA Infant Mental Health service provision. Policy recommendations aimed at the key stakeholder groups are presented.

20 years of cross-discipline shared learning: the evolution of university masters level training in infant mental health

Paul, C.

Mental Health, Uni Melb Royal Children's Hospital, Melbourne, Australia

Aim: This presentation will describe the inspirations behind and the evolution of a University masters level training in infant mental health.

Method: The field of infant mental health research and policy has seen a steady, at times exponential growth in over the last 50 years since the Second World War. This University course has been built upon the firm foundations of neurobiological development, psychoanalytic understandings, child health and paediatrics and developmental psychology. The course was designed to meet the needs of students from a broad range of health disciplines. Local pioneers in infant mental health have worked within a paediatric hospital context, informed by psychoanalytic and attachment theories.

Results: The course aims to have students acquiring a broad knowledge of infant mental health, Details will be provided of the content of the three-year course which includes the student undertaking a Masters research project. A lengthy infant observation, using the Tavistock model, has been a powerful component of the students learning experience. Data will be presented regarding the characteristics of the students undertaking the course.

Conclusion: Although there was initial scepticism about the sustainability of the course, there is evidence that a postgraduate course, drawing on a broad range knowledge base and theoretical understandings is able to meet the learning needs of a range of students. It appears that keeping the subject of world of the infant as the focus of the course has been part of its success.

17:15 – 18:45 Symposium

A Better Start

Moderator: Cuthbert, C

Strategic Programmes, Big Lottery Fund, London, United Kingdom

A Better Start: a strategic investment to improve early child development

Gibbs, S.

Strategic Programmes, Big Lottery Fund, Newcastle, United Kingdom

In June 2014, the Big Lottery Fund announced awards of up to £50m each over ten years to five local areas in England to deliver local strategies which work towards three key child development outcome priorities: social and emotional development; speech and language and diet and nutrition. Our five funded areas are: Blackpool, Bradford, Lambeth, Nottingham and Southend. Our overall aim for this investment is ambitious. There is strong evidence that the first few years of life build the foundations for future health and wellbeing, and we believe that supporting a move towards science and evidence-based preventative approaches can make a significant positive impact on child outcomes. We are testing at scale by investing heavily in a small number of wards within a local authority area to understand what works best and in what circumstances. Each area will use the funding to support better child outcomes, and to achieve a shift in culture, practice and spending across local authority and health services, the VCSE, communities and

families. They should also deliver less bureaucratic, more joined-up services that are prevention-focused; and responsive to local patterns of need to give babies the best possible start in life. This will take time, so we are funding over the long term. To ensure the impact of A Better Start is measurable and learning that emerges can be shared effectively, we are investing in two evaluations. The London School of Economics will develop a cost-benefit framework and tools to support partnerships to develop economic business cases for future investment in pregnancy and early life. The Warwick Consortium will evaluate the impact and implementation of programmes and will share the learning that emerges.

Implementation of A Better Start: the experience of Blackpool

Davies, M.

Director, Blackpool Centre for Early Child Development, Blackpool, United Kingdom

Introduction: Blackpool Better Start is a multi-agency partnership led by the NSPCC and aims to transform services for 0-3 year olds and their families. ABS is initially focussing work in our seven most deprived wards. Across Blackpool 27.2% of mothers are smoking at the time of birth, 22% are breastfeeding at 6-8 weeks and 1:20 under 18s conceive each year.

Aims: To deliver lasting change within 10 years to create a generational change for our town by significantly improving outcomes for our youngest citizens.

Description: Our strategy includes ensuring all new and expectant parents have access to an evidence-based perinatal intervention programme. Alongside this universal offer, we are working with the NSPCC and international research partners to develop and test a suite of targeted interventions for children living in families where there are additional needs such as substance misuse, neglect, poor attachment and/or histories of trauma or abuse. We are working with the Mental Health Foundation to design a tailored pathway and service offer to address perinatal and infant mental health. We aim to better understand health behaviours at a population level through public health strategies such as community assessments and ethnographic research. Initially focussing on women's drinking habits in the childbearing years and child oral health, we aim to gain rich insights to enable us to design interventions to positively address behaviours. We aim to promote resilience in our communities through methods such as building community coalitions. Community empowerment, building community capacity and co-production of services are at the heart of the approach. The power shift from statutory organisations to our communities is essential if this approach is to be sustainable.

Conclusion: By using evidence, service user involvement and systems transformation we aim to achieve sustainable changes in early child development outcomes.

National Evaluation of A Better Start

Barlow, J.

Warwick Medical School, University of Warwick, Coventry, United Kingdom

Background: There is strong evidence that pregnancy and the first two years of life build the foundations for future health and wellbeing, as a result of the biological embedding of social adversity that takes place during this period, and that a preventative approach to supporting families can improve the life chances of babies and children. The Big Lottery Fund has invested in five competitively selected areas of significant social disadvantage across England, with the aim of introducing significant system change in terms of the delivery of preventive services from pregnancy to age 3 years.

Aim: This paper will describe the ongoing evaluation of the effectiveness of *A Better Start* on children's socio-emotional development (other outcomes include nutrition; language and learning).

Evaluation: The evaluation involves three workstreams:

1. The implementation evaluation involves the identification of objective levels of *inputs*, *activities*, *implementation*, and *outputs* through the collection of wide-ranging quantitative and qualitative data from stakeholders (i.e. service providers and users);
2. The impact evaluation involves a longitudinal cohort study comprising a series of surveys of parents and children in the 5 intervention and 15 matched comparison areas, and involving 2,885 women recruited in pregnancy. The study will use a wide-range of data collection methods to track families from mid-pregnancy until the children are age 7 including face-to-face interviews, parental online and/or postal surveys, and in-school teacher assessments. Objective measures of outcome include epigenetics, parent-infant interaction, child stress, and story-stem measures of attachment. A decision analytic cost-effectiveness analysis will also be undertaken.
3. The Learning and Dissemination workstream involves a programme of activities to ensure outcomes and learning are shared amongst key stakeholders

17:15 – 18:00 Workshop

Using parent and baby groups to promote reflective functioning in at risk families

Reardon, C.

Parent and Baby Unit, Bessborough Care Centre, Cork City, Ireland

This intervention is offered to parents who require professional family support to care for their babies while their parental capability and capacity to change is under review. A baby cannot survive emotionally without being thought about by another reasonably sensitive human being who can respond to the cues that prompt making the daily efforts and sacrifices that good enough parenting requires. Many parents struggle to offer this to their children often through not having lived through the experience themselves as infants and children. In order to support and enhance parents' capacity to build relationships with their babies we, in the Bessborough Centre, developed a group based intervention aimed at promoting parental reflective functioning. The weekly Babble Group is attended by parents and babies while on placement at a residential parenting capacity assessment unit. The group is facilitated by a parent-infant psychotherapist and family residential worker who both work on the unit. The presentation will look at how the group was set up and embedded into the organization and how it is maintained there. It will look at the role of the group in providing a secure base for parents and infants together to strengthen and build their relationships. It examines the challenges facing vulnerable, often traumatized or poorly resourced parents to 'be with' their infants and be curious about their shared experiences together. It will also look at the importance of a predictable, safe and regular space in promoting the social and emotional development of infants by supporting primary relationships. This project has been aided by a grant from the Parenting Support Initiative (PSI) in Ireland developed by The Katherine Howard Foundation (KHF). It is currently in the second phase of the project which involves designing a research project around the initiative.

18:00 – 18:45 Symposium

Working with women with borderline personality disorder (or substantial emotional dysregulation) and their infants

Moderator: Sved Williams, A
Perinatal and Infant Mental Health Services, Womens and Childrens Health Service, Adelaide, Australia

Discussants: Yelland C, Hollamby S

Working with women with borderline personality disorder (or substantial emotional dysregulation) and their infants: understanding the problem

Sved Williams, A.^{1, 2}

¹ *Perinatal and infant mental health services, Womens and Childrens Health Service, Adelaide, Australia;* ² *Department of psychiatry, University of Adelaide, Adelaide, Australia*

Introduction: Borderline personality disorder (BPD) occurs in at least 2% of the population and much higher rates in postnatal women presenting highly distressed for help for themselves and their infants. The area is highly under-researched with few currently available guidelines for working with this population. Many of these women present with a diagnosis of postnatal depression (PND) but often have a diagnosable borderline personality structure and need different work to those with PND.

Purpose of the work: Firstly to summarise the literature on emotional dysregulation and impoverished reflective functioning in mothers with BPD, and the impact of these styles on their infants (informed by neuroscience) leading to intergenerational transfer of problems (Newman et al, 2011). Secondly to provide an overview on a new approach to working with mothers with BPD and their infants, including results of pilot studies of work with the first 17 families undertaking this new program

Description of the work: The first paper will focus on:

What is BPD

What causes BPD?

What problems can be caused for infants and children of mothers with BPD? (Kiel et al, 2011)

What happens to mothers with BPD when their infants cry and why?

How does neuroscience inform interventions with mothers with BPD

Starting intervention with the mother-infant including working first with all team workers to destigmatise the condition by better education, reflective supervision and structured techniques for staff, as well as psychoeducational material for family members prior to moving towards active interventions (Clinical practice guidelines, 2013)

Results of pilot programs

Conclusions: Working with mothers with BPD and their infants is challenging, and new approaches are based on existing work but also forge new pathways as neuroscience and BPD therapies with adults provide new information.

Working with mothers with borderline personality disorder (BPD) and their infants: introducing core concepts to women with BPD

Hollamby, P.

Perinatal and Infant Mental Health Services, Womens and Childrens Health Network, Adelaide, Australia

Introduction: Lifelong troubled patterns of feeling, thinking and behaving in women with BPD which stem from their own childhoods are often intensified when women have infants of their own. Helping women to challenge their belief systems when their lives feel out of control requires significant work by both therapist and family prior to commencing longer term group work using a dialectical behavior therapy approach including a rationale for using this approach (Stoffers et al).

Purpose of the work: To provide basic information to women with BPD to help challenge their fundamental belief systems that the way things are for them is the way that things must remain

Description of the work: The second paper will provide the following information:

Providing an overview of the 4 modules of dialectical behaviour therapy (Linehan, 2014)

Helping women both to accept who they are now at the same time that they accept the need for change

Providing information on the importance of validating feelings coupled with the concept that feelings are just feelings and they will pass

Understanding the physiological nature of feelings/emotions and what the action-urge is that goes with those feelings

Moving through the stages of precommitment to further work and supporting women through this emotionally challenging time

Conclusions: Helping women to understand that the way they think and feel can both be accepted and simultaneously challenged is a fundamental step in promoting change for women with life-long maladaptive ways of both behaving and parenting. Although difficult for many women to accept, those who can master these concepts are ready for further work which will substantially change their life trajectories in very positive ways.

Working with mothers with borderline personality disorder (BPD) and their infants: DBT-I: a new way of working with mother and mother-infant

Yelland, C.

Perinatal and infant mental health services, Womens and Childrens Health Network, Adelaide, Australia

Introduction: Research with mothers with post-natal depression reveal that better outcomes are achieved in families where both the maternal depression and the mother-infant relationship are treated. Using this as a model, a new group program using a well-researched and validated treatment for adults, dialectical behavior therapy (DBT), has been adapted to provide both new skills for women with BPD and new ways of relating to their infants (Stepp et al)

Purpose of the work: To develop and evaluate a new method to help women with BPD develop new skills for thinking, feeling and behaving, both within themselves and with their infants.

Description of the work: Women with BPD who have worked through a pre-commitment phase which involves accepting themselves and the need to learn new skills attend a 26 week skills-based group, using DBT as the core set of knowledge and skills with a weekly segment incorporating a direct focus on the mother-infant relationship. The first module, mindfulness, incorporates mindful parenting, based on Coyne and Murrell's work, exemplified in *The Joy of Parenting: An Acceptance and Commitment Therapy Guide to Effective Parenting in the Early Years*, with later modules, particularly interpersonal relationships based on Murray's 2014 work in *"The Psychology of Babies"*. Videos will be shown.

Conclusions: Working with emotionally dysregulated women and their infants to interrupt intergenerational transfer of problems is time-consuming hard work, but successful, and highly rewarding for staff and the women. Given the complexity with which these women present and the entrenched patterns they have lived with through their lives, evaluation shows that such work is appropriate. Flow-on effects for staff in work with other families is also rewarding.

17:15 – 18:00 Workshop

"Ghosts in the ultrasound:" Themes of paternal trauma in the transition to fatherhood

Walsh, Tova B.¹, Tolman, Richard M.²

¹ *School of Social Work, University of Wisconsin-Madison, Madison, United States;* ² *School of Social Work, University of Michigan, Ann Arbor, United States*

Introduction: An ultrasound provides a window into the womb – images are collected, codified and analyzed to identify risk to the fetus. If the internal experiences of the fathers who attend ultrasound could be similarly displayed, one might discern images of the “ghosts” of traumas that many fathers have lived through, also a potential source of risk to the future child and parent-child relationship.

Aims: This workshop will illuminate the ghosts of past traumas that may be present below the surface for fathers attending a prenatal ultrasound. We will recount some of the traumas that emerge for some fathers in this context and explore what it might mean that they emerge at this moment. We will examine how it might benefit fathers, mothers, and infants for us to heed these ghosts.

Description: Professors Richard Tolman (University of Michigan) and Tova Walsh (University of Wisconsin) collaborate on research on the transition to fatherhood and prevention of abuse during pregnancy. We will present data from a series of studies involving interviews with expectant fathers who accompany their partner to a prenatal ultrasound. The traumas that intrude upon fathers at this time are rarely made evident or spoken about explicitly. However, in our interviews these traumas emerge readily and range widely, including prior pregnancy loss, childhood abuse and other adverse childhood experiences. We will explore the reasons that unresolved pain may be elicited by pregnancy milestones and discuss ways of supporting parents to acknowledge and reduce the power of traumas to intrude.

Conclusions: Selma Fraiberg introduced the concept of ghosts in the nursery to describe the intrusion of a parent’s conflicted past on present day parenting. Ghosts may begin to emerge during pregnancy, simultaneously influencing the developing bond between parent and child-to-be, and presenting opportunity for preventive intervention to promote strong parent-child relationships.

18:00 – 18:45 Workshop

Using Video Interaction to enhance foster carers’ sensitivity in a group based programme: Results from a 1 year pilot of TEND

Cooper, A.

National Implementation Service, Michael Rutter Centre, South London and Maudsley NHS Foundation Trust, London, United Kingdom

Introduction: TEND draws on social learning theory, neuroscience, and attachment theory and was developed in collaboration with the Department for Education (UK), the National Implementation Service (UK), and the Stress Neurobiology and Prevention (SNAP) laboratory (University of Oregon). This workshop outlines this 12 week group based model of video coaching and report on the outcomes of the pilot.

Purpose of TEND: TEND is both a video coaching and a skills training parenting group programme for foster carers, kinship carers and Special Guardians who are caring for infants between 0 – 4 years old. Quality of parenting is strongly linked to a child’s developmental outcomes. By focusing on the quality of the social environment, it uses video clips to guide carers to develop their own naturally occurring skills to promote a child’s development across multiple domains. Infants will be supported to catch up on their development, which had been hindered by previous abuse and neglect (pre-foster care).

Description of the work: TEND is being delivered across five social care settings. The National Implementation Service is responsible for developing the programme, training, designing and collecting outcome data and on-going fidelity to the model. TEND is a cousin of an individual-focused model called Filming Interactions to Nurture Development, developed at SNAP. However, viewing video clips in the context of a group of foster carers is innovative and rarely studied in the

UK and TEND's model of change has been revised to accommodate the group focus. Having a clear model of change means it is well defined, teachable, learnable and replicable and has enabled the selection of outcome measures.

Conclusions: By early April 2016, we will have data on approximately 50 – 60 infants whose carers have been through the pilot programme, as well as previous data collected during the road test.

17:15 - 18:45 Brief Oral Presentations

Describing, Delivering and Tracking Various Infant Mental Health Interventions

Facilitator: Kowalenko, N.
Australia

Video feedback promotes the early relations between Infants and vulnerable first time mothers. A quasi-experimental study of the Marte Meo method

Kristensen, I.H.¹, Simonsen, M.², Trillingsgaard, T.³, Kronborg, H.¹

¹ *Public Health, Aarhus University, Aarhus, Denmark;* ² *Department of Economics and Business, Aarhus University, Aarhus, Denmark;* ³ *Department of Psychology and Behavioural Sciences, Aarhus University, Aarhus, Denmark*

Introduction: Support to strengthen early mother-infant relationship from birth has been recommended to ensure infants' future social and cognitive development as well as physical and psychosocial health. Parenting programmes, particular by those using video feedback, have been found most effective, yet no systematic effect evaluation of the Marte Meo method has been conducted.

Aims: This study investigates whether the use of video guidance with the Marte Meo method promotes the establishment of a healthy early relationship between the infant and vulnerable first-time mothers.

Material & method: Quasi-experimental study design included pre and post-test of 278 vulnerable mothers and their infants. Intervention group n=69; comparison group n=209, and a video subsample from the comparison group n=63. Data consist of self-reported questionnaires from all groups and video data of mother-infant interactions from the intervention group and the video subsample group two and six months postpartum. Primary outcome: Mother-infant dyadic synchrony (Infant CARE-Index). Secondary outcomes: Mother sensitive behaviour and infant cooperative behaviour (Infant CARE-Index), maternal confidence (KPSC), maternal stress (PSS), maternal mood (EPDS) and infant social emotional behaviours (ASQ:SE).

Results: The intervention increased the dyadic synchrony between mother-infant to a healthier interaction with a higher level of dyadic synchrony, and mothers behaviour in the intervention group were significantly more sensitive ($p<0.00$) and less unresponsive ($p=0.03$) and infants behaviour in the intervention group were significantly more cooperative ($p<0.00$) and less compulsive ($p<0.00$), difficult ($p=0.02$) and passive ($p=0.00$) at six months postpartum compared with the comparison group at follow-up six months postpartum.

Conclusion: Findings showed that video guiding promotes the relation between infants and vulnerable first time mothers. Further research is needed to assess long term effects of the video feedback intervention with the Marte Meo method.

Can targeted and intensive home visiting programmes improve child development? evidence from a five-year randomized controlled trial

Doyle, O.

UCD School of Economics, University College Dublin, Dublin, Ireland

Introduction: A steep socioeconomic gradient in child development has been well documented. Yet there is growing evidence that intervening early in the lifecycle, through targeted home visiting programmes, is a potential mechanism for reducing this gradient and promoting child well-being.

Aims: This study investigates the impact of a targeted and intensive prenatally commencing home visiting programme on several dimensions of child development.

Method: The Preparing for Life programme aimed to improve the school readiness skills of disadvantaged Irish children by intervening during pregnancy and working with the families until the children start school at age 4/5. The treatment involved bi-weekly home visits from a mentor to support parenting and child development using Tip Sheets and the Triple P Positive Parenting Programme. This study explored the impact of the programme on child development at 48 months by comparing the outcomes of the treatment (n=115) and control (n=118) groups using permutation testing methods to address small sample size, inverse probability weighting to address differential attrition, and a stepdown procedure to account for multiple hypothesis testing.

Results: Positive treatment effects were found on multiple measures of cognitive and non-cognitive development. Children in the treatment group had higher spatial ability, pictorial reasoning ability and total ability as measured by the British Ability Scales, in addition to enhanced effortful control as measured by the Day/Night task. The programme also reduced the incidence of being at risk of internalizing, externalizing and total behavioural problems as measured by the Child Behaviour Checklist.

Conclusions: Poor skills during childhood are costly to society in both the short and long run, thus identifying effective interventions to reduce inequalities in skills is a key goal for policymakers. These findings indicate that an Irish-based home visiting programme improved the school readiness skills of disadvantaged children at school entry.

Children's ability to self-regulate in negative emotional challenges: Predicting PTSD symptoms from brain activity

Farbiash, T.^{1,2}, Taase, S.¹, Meiri, G.², Faroy, M.², Berger, A.¹

¹ Psychology Department, Ben-Gurion University of the Negev, Beer-Sheva, Israel; ² Preschool Psychiatric Unit, Child and Adolescent Psychiatric Services, Soroka University Medical Center, Beer-Sheva, Israel

Introduction: Inhibition of prepotent responses (i.e., inhibitory control) is an essential part of the ability to self-regulate in daily life situations. This ability shows significant development throughout the preschool and kindergarten years, a period characterized by a marked increase in the development of the prefrontal cortex. Children's temperamental tendency to experience negative emotions can affect their ability to inhibit prepotent responses during a negative emotional situation.

Aims of the study: This study investigated the role of temperamental negative affectivity in kindergartners' inhibitory control-related brain activity during an emotionally challenging negative experience. Further, we had the opportunity to investigate whether kindergartners' brain activity, as measured during a negative emotional lab task, longitudinally predicted the children's ability to self-regulate negative emotions evoked by a highly stressful real-life situation.

Material and methods: Seventy-five children, aged 5.5-6.5 years, performed an emotion-induction Go-NoGo lab task while their electrophysiological brain activity was recorded. Fifty of the children were longitudinally assessed for Post-Traumatic Stress Disorder (PTSD) symptomatology about two years after the lab assessment. Specifically, we examined PTSD symptoms after the children experienced ongoing rocket attacks during the "Tzuk Eitan" war.

Results: We found that greater temperamental tendency to experience negative affectivity was associated with larger N2 amplitudes and theta power, during the negative emotional manipulation. Moreover, we found that kindergartners' distress-related brain activity, as expressed by the theta power measured during the negative emotional manipulation, predicted the children's post-traumatic *re-experiencing* symptoms about two years after the lab assessment.

Conclusions: These results demonstrate that children with higher levels of temperamental negative affectivity dedicate greater neural resources to inhibit prepotent responses under negative emotional circumstances. Furthermore, it appears that low emotional self-regulation abilities can be considered a risk factor for developing re-experiencing symptoms after being exposed to trauma.

Parental co-regulation in toddlerhood and the effectiveness of a training-program

Gärtner, K. Angeles¹, Vetter, V.C.², Reuner, G.², Hertel, S.¹

¹ *Institute for Education Studies, Heidelberg University, Heidelberg, Germany;* ² *Department of Pediatric Neurology, Heidelberg University Hospital, Heidelberg, Germany*

Introduction: Self-regulation relates to academic achievement, social competences, and maladjustment (Eisenberg, Smith, & Spinrad, 2011; Eisenberg, Spinrad, & Eggum, 2010). To develop self-regulation, young children largely depend on their parents' co-regulation. By providing contingent support in challenging situations (i.e. scaffolding; Wood, Bruner, & Ross, 1976), parents encourage the child to adopt and internalize regulatory strategies. However, the quality of parental scaffolding differs among parents (e.g. Carr & Pike, 2012). To date, there is little research on scaffolding in toddlerhood. Furthermore it is of interest if training can enhance parental scaffolding.

Aims of the study: To analyze 1) parental scaffolding in toddlerhood, and 2) to evaluate the effectiveness of a parent-training in scaffolding.

Material and methods: Based on an experimental design, 47 parent-child-dyads (children's age: 18-36 months) were randomly assigned to three groups: scaffolding-training, scaffolding- and sensitivity-training and a waiting control group. A multi-method approach was taken to assess parental scaffolding (i.e. questionnaires, parent-child-interactions during problem-solving tasks). Interactions were analyzed via a self-developed observation instrument (high- and low-inference).

Results: First analyses of parent-child-interactions reveal that parents intuitively use scaffolding-strategies to support their child in challenging activities.

Evaluation of the training-program is based on data from questionnaires and video observation (high-inference rating). MANCOVAs were conducted, controlling for pre-test values. We find significant treatment effects for parents' beliefs, knowledge about and use of scaffolding-strategies. In sum, parents of the experimental groups outperformed participants in the control group.

Conclusion: Parents intuitively use scaffolding strategies to support their child in problem-solving situations. Training of parental scaffolding is effective in improving these skills. Limitations result due to a small, homogeneous and selective sample. In a current study we aim to analyze the interplay of parental scaffolding and children's self-regulation in a high-risk sample of preterm-born children.

Supporting families - psychotherapeutic and educational work with parents and their infants in a kindergarten within a deprived area

Ludwig-Koerner, C.C.

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The project's kindergarten was located in a socially disadvantaged area in Berlin. Parenting skills of the parents, mostly suffering from mental disorders, were as low as the parents' willingness to participate in third-party-trainings. The children experienced a lack of understanding, driven by the complex dynamics of transgenerational transmission of terror, violence and helplessness and the burdens of constricted financial and living conditions. They showed behavioural and developmental deficits.

Goals

Show how highly burdened migrated families of low socio-economic background can be supported by a pedagogic-therapeutic professional to enhance the parent-child-relationship and the development of the pre-school children

Show in what way mentoring of psychology students can help pre-school children

Show how mentoring is received by parents/children

Show what experiences students can gain

Material and methods: Five families with eleven children were supported in the development/strengthening of the parent-child-relationship for 2 ½ years on a day-to-day basis, using diverse techniques to support mentalisation. 38 mentoring students kept diaries to accumulate qualitative data. The methods of qualified on site parental support and the concept of mentoring by students will be presented and results will be explained.

Results:

Children:

Significant improvements in the ET 6-6 development test (N=38 children)

Mentoring students:

Significant higher agreeableness (NEO-FFI)

Particular openness to new experience

Distinct tendency towards adaptive coping strategies

Positive relationship to own parents

The families profited in different ways from the professional help – depending on their structural level. Mentoring was rated positively by the parents. Students regarded their work as highly valuable for their studies (problem based learning).

Conclusions: Mentoring of preschool-age children and their families by psychology students at the IPU Berlin was well received and felt to make a positive impact by families and students. Efforts to train mental health professionals via mentorship programs in kindergartens will continue to develop in Berlin.

Preventing enduring behavioural problems in young children using video feedback: healthy start, happy start

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Introduction: Left unattended, established behavioural problems can have a pervasive impact on children's outcomes across the life course. Growing evidence indicates that brief video-feedback based parenting interventions can be effective in intercepting the emergence of behavioural problems in young children. However, these interventions have yet to be investigated in coparenting contexts (involving two parents) where research suggests their impact may be further potentiated. Moreover, there is limited knowledge concerning their effectiveness under pragmatic conditions.

Aims of the study: To evaluate the effectiveness and cost effectiveness of a brief early parenting intervention (Video-feedback intervention to promote Positive Parenting and Sensitive Discipline; ViPP-SD) to prevent enduring behaviour problems in young children (12-36months) at risk of these difficulties.

Materials and methods: Using a randomised, parallel, two-arm controlled trial, 300 families (including both one or two parents/caregivers) are allocated to ViPP-SD or treatment as usual. Trained health professionals deliver the intervention across three UK sites. ViPP-SD comprises six 90-minute home-based sessions involving positive feedback on parent-infant interactions in order to increase sensitivity and improve discipline strategies. Data are collected by blinded assessors at baseline (pre-randomisation), and four and twenty-four months post-randomisation. Recruitment is underway.

Results: Intention-to-treat analysis will examine group differences on the primary outcome, the severity of children's behavior as measured by structured parent interview. Secondary outcomes include parent-reported child behaviour problems, parenting practices, couple functioning, and parental mood and anxiety. The cost effectiveness of the intervention will be measured using a structured interview of service use.

Routine Outcome Measurement for infants (0-3 years): Development of the Health of Nations Outcome Scale for Children and Infants (HoNOSCI)

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Introduction: Although there are some high quality mental health outcome measures available for routine use in the care of children, adolescents and adults, there is a gap for those aged less than 3 years.

Aims of the Study: To investigate the availability and feasibility of measures for infants by conducting a preliminary investigation of the availability and suitability of a new measure of infant mental health outcomes.

Material and methods: The authors conducted a review to investigate the utility of measures for infants within the parameters of the current Australian National Mental Health Outcomes and Classification Framework for a Federal Government agency. Following initial work in New Zealand, the Australian CAMHIDEAP, in consultation with the public mental health sector, developed a draft version of a measure consistent with the HoNOS family of measures for use in routine clinical practice with 0-47 month old infants (HoNOSCI).

Results: Of the psychometric tools available to date and assessed in the review, serious limitations of existing measures were noted. Therefore, it was identified that a combination of tools was required for routine outcome measurement and one recommendation was to develop the HoNOSCI from the HONOS family of measures to provide a useful, feasible measurement

instrument for measuring the mental health and resilience of infants. The next steps in assessing the instruments' face-validity were in asking clinicians to provide feedback after using the measure in a number of clinical cases. The development process, pilot testing and preliminary results of the user survey which consisted of both qualitative and quantitative questions, will be presented.

Conclusions: Initial pilot face validity testing suggests that the HoNOSCI may well be a feasible, practical, cost-effective tool and warrants further development.

Keywords: Measures, Outcomes, Infants, Scale, Development

17:15 – 18:00 Workshop

Understanding and managing caregiver's defenses in attachment-based therapy

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Introduction and aim: This case-based workshop will explore how clinicians doing dyadic therapy can organize their approach to understanding and working with the caregiver's psychological defenses.

Description of the work: The workshop begins with an overview of the Circle of Security (COS) intervention. As an attachment-based intervention, the COS model focuses clinical attention on the caregiver's state of mind and how that state of mind influences interactions that are the building blocks of the caregiver-infant attachment pattern. Through use of video-taped assessment data, clinicians will be led through a specific focus on how narrative interview data are combined with observational data from the Strange Situation Procedure is used to assess caregiver state of mind and infant attachment.

The central premise of this workshop is that understanding state of mind and patterns of interaction, while critical for treatment planning, is not enough. The "next frontier" for clinicians conducting attachment-based therapies is assessing the caregiver's psychological defenses. The rest of the workshop will focus on how the same assessment material-- along with the caregiver's interactions with the therapist during therapy-- help the clinician identify the caregiver's "core sensitivity." The three main patterns of core sensitivities (esteem sensitive, safety sensitive and separation sensitive) will be described using case examples. Further, the ways in which the caregiver's core sensitivity should influence the therapist's approach to shaping the therapy will be discussed with the audience. Video-taped case material will guide the discussion.

Conclusions: Attachment-based therapy requires the clinician plan intervention by assessing state of mind and interactive attachment behavior; this workshop focuses on the final key factor in conducting intervention—the caregiver's psychological defenses. Circle of Security intervention has a method for recognizing those defenses, categorizing them and managing them during therapy.

18:00 – 18:45 Workshop

Training Professionals from Developing Countries: Telling Lessons Learned from an International MA Program in Child Development

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In this workshop we will share what we have learned from developing an International MA Program in Child Development – University of Haifa, Israel – for emerging leaders from developing

countries who work with young children and their families. This program is unique internationally in addressing a dire need for child development knowledge in developing countries. In the workshop we will discuss how this program's first year, and the lessons we have learned, can apply to those undertaking professional development programs. This is consistent with WAIMH's mission to "promote education, research, and study of the effects of mental, emotional and social development during infancy on later normal and psychopathological development..." The program consists of courses and workshops in traditional domains in child development (e.g., socio-emotional development, observational methods, assessment, intervention and prevention). Equally important is our emphasis on creating a secure base for the students by providing a supportive environment as well as a space for reflection on inner processes, including those evoked by the academic material. To link theory into practice the students design an applied project. Challenges of the program included providing a multidisciplinary perspective on child development; management of multi-layered points of view; tailoring culturally sensitive courses; designing an effective screening process; teaching students with a very heterogeneous background; as well as the emotional potency of the curriculum and providing a holding environment for students who are far away from home. The best way to conduct follow-up activities will also be explored. The presenters will include two of the program developers, a philanthropist who will share excerpts of compelling interviews filmed with students and staff, and one of the program graduates who will talk about her experience in the program as well as the implementation of the applied project in her home country.

17:15 – 18:45 Symposium

Assessing parental reflective capacity in understudied samples: consistent findings across measures

Moderator: Stacks, A. M.

Merrill Palmer Skillman Institute, Wayne State University, Detroit, United States

Discussant: Slade, A.

Perceived parenting stress and competence in substance-dependent mothers: The importance of trauma and reflective functioning

Paris, R., Herriott, A.

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Introduction: Perceived parental stress and competence partly determine parent-young child relationships and parenting practices. For substance dependent mothers, drug use, trauma and reflective functioning (RF) are additional contributing factors. Tailoring attachment-based infant mental health (IMH) interventions for this population requires understanding the relationships among these factors. This study aimed to explore the impact of maternal substance misuse, parental trauma and RF (particularly pre-mentalizing) on the experience of parenting stress and competence.

Methods: Baseline data were analyzed from a study of 46 mothers with young children (M=35 months) in methadone treatment participating in a dyadic parenting intervention. Included were measures of heroin use, adult trauma symptoms, self-reported parental RF, parenting stress and parental sense of competence. Participants were long term heroin users (M=4.6 years) with extensive trauma histories and symptoms. In the analyses we hypothesized that the role of substance misuse in predicting self-reported parenting stress and competence would be mediated by maternal trauma symptoms and RF.

Results: Two hierarchical regression models were computed, one predicting parenting stress, the other parenting competence. In model 1, longer use of heroin marginally predicted parenting stress. However, parental RF mediated the influence of heroin (step 2) with parental trauma symptoms (step 3) also serving as a significant predictor. Length of heroin use was negatively associated with parenting competence in model 2 and remained a significant predictor even when RF was added. In step 3, mothers' trauma symptoms also predicted competence and served to mediate the impact of heroin use.

Conclusions: Results demonstrate that heroin use on its own is associated with mothers' experience of parenting, both stress (positively) and competence (negatively). However, other maternal attributes such as RF and trauma symptoms can mediate the impact of substance misuse and serve to guide treatments aimed at improving parent-child relationships.

Parenting reflectivity in service members, veterans and their spouses

Rosenblum, K.L., Muzik, M.

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Introduction: In the USA, approximately 46% of service members are parents, and almost 40% of these children are under 6 years old. The demands of service can pose unique challenges for military families. Identification of factors associated with resilience following deployment can focus preventive intervention efforts. Parent reflective functioning has been identified as a salient protective factor in prior research with civilian populations. The current study examines associations between a relatively new indicator, the "Parenting Reflectivity" scale derived from parental Working Model of the Child Interview narratives (Rosenblum et al., 2008) and parenting.

Methods: Participants (N=94) in the present study were either service members or veterans (51%) or their spouses, and had at least one child ≤ 6 years old. Parents completed the WMCI to assess their representations of their children, and these narratives were scored using the Parenting Reflectivity (PR) scale [range=1 (low) to 5 (high)]. Parents also completed the Adult Adolescent Parenting Inventory (AAPI-2; Bavolek, 2011), a normed and validated assessment of parenting that yields indices relevant for identifying parents at risk for child abuse and neglect.

Results: The majority of parents scored in moderate to high range of RP (scores ≥ 3), although 32% scored in the low range (scores ≤ 2). Parents with moderate to high PR were more likely to hold appropriate expectations of children on the AAPI ($M = 5.57$, $SD = 1.71$) than those with low RP ($M = 4.53$, $SD = 1.45$), and were more likely to demonstrate empathy for the child's needs ($M = 6.08$, $SD = 1.62$) than those with low PR ($M = 5.00$, $SD = 1.96$) (all p 's $< .05$).

Conclusions: Results contribute to an emerging literature supporting the reliability and validity of the PR scale for the WMCI. Discussion explores PR as an appropriate target for preventive interventions to promote military family resilience and ultimately child outcomes.

Correlates of reflective functioning in fathers and associations to parenting

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Introduction: Research on parental reflective functioning (RF) has focused primarily on mothers. Mothers high in RF have improved parent-child relationships in terms of attachment, sensitivity, and communication in addition to displaying more care giving behaviors than those low in this characteristic. Healthy maternal RF appears to be relevant to the parenting success of substance abusing mothers. Research on RF in fathers is limited.

Objective: Two studies of RF in fathers will be presented. The first explores relevant correlates of RF and assesses RF in relation to self-reported parenting behaviors. The second study examines

the relationship of RF to observed father-child interactions during a coded play session for at-risk fathers. The first study involved 79 fathers of young children, approximately half with substance abuse and violence problems and half without. Fathers were interviewed using a series of self-reported measures of their violence, substance use and parenting behaviors and the Parent Development Interview. The second study included a sample of 24 fathers with histories of intimate partner violence (IPV) and substance abuse and their oldest biological children between the age of one and seven. Fathers completed the Parent Development Interview and a video-recorded play session with their children.

Results: Results of regression analyses indicated that less education and increased drug use were associated with lower RF, however, violence, romantic attachment problems, history of child maltreatment or exposure to violence as a child were not. Additionally, RF was largely unassociated with self-reported parenting behaviors in this sample. The only exception was a significant positive association with appropriate discipline. RF also was weakly associated with observed parenting behaviors of fathers. However, fathers' severity of substance abuse and IPV contributed individual and unique variance to father-child interactions.

Conclusions: RF may not contribute to parenting in the same way for fathers as it does for mothers.

Parental reflective functioning among maltreating parents

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Merrill Palmer Skillman Institute, Wayne State University, Detroit, United States

Introduction: Infant mental health (IMH) interventions aim to promote a secure infant attachment by increasing parental reflective functioning (RF) and sensitivity. Parents with higher RF recognize that others minds are opaque; connect behaviors to internal experiences; and understand that internal experiences change as a result of time and development. Research has identified that parental RF is lowest in at-risk samples, including women who have experienced domestic violence and in treatment for substance abuse. Maltreating parents often have these histories, yet research has not described RF in these samples.

The aims of this study are: 1) describe RF in a sample of maltreating parents receiving IMH services in the context of a court team, including the types of mentalization used and 2) examine RF as a correlate of parent-child interactions and child development at treatment entry.

Methods: Twenty-two parents and their infants were assessed using the Parent Development Interview, the Crowell and Bayley III.

Results: Parental RF was low ($M = 2.55$; range 1-5), which is consistent with other high-risk samples. However, parents varied in the degree to which they were able to mentalize across the interview and the number of types of mentalization they used. Number of types of mentalization was the best predictor of parenting and development. It was

Positively correlated with:

Parents' behavioral and emotional responsiveness toward the child

Children's expressive language development, positive affect and enthusiasm

Negatively correlated with:

Parents' withdrawal, anger and irritability when interacting with their child

Children's withdrawal and depression (all $ps < .05$).

Conclusions: Multiple types of mentalization was correlated with overall RF score, yet it was more strongly associated with parenting and development. It may be important to look beyond overall scores when studying RF and that clinicians should target various aspects of mentalization when working with parents.

17:15 – 18:45 Symposium

Revisiting the assessment of mother-child interaction: what do we measure and what we don't?

Moderator: Atzaba-Poria, N.¹, Jusienė, R.²

¹ *Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel;*

² *Department of General Psychology, Vilnius University, Vilnius, Lithuania*

Depressive mothers' interactions with young children: what do we miss if do not include free play observations in assessment

Jusienė, R., Jarumbauskaitė, A., Jasiulionė, J. S., Vickutė, M.

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Mothers with high depression risk are usually described as less sensitive and more intrusive while interacting with young children, although some of the studies fail to resemble these results. We propose that depressive mothers do not necessarily differ from non-depressive mothers when structured tasks are used for observation of interactions. The aim of our study is to analyse quantitatively and qualitatively the mother-child interactions in high depression risk and low depression risk mothers. Data of 137 mother-child dyads participating in the longitudinal study were used for analysis. Maternal depressiveness was assessed 3 months, 6 months and 3 years after the childbirth with EPDS (Cox et al., 1987). Mother-child interactions during free play and structured task were observed at children's age 4 years old and some of them were also observed at children's age 18 months. Mutually responsive orientation (MRO, Kochanska et al., 2005) and maternal interactive style (Calkins & Johnson, 1998) were coded for the quantitative and qualitative analysis. The mothers' reactions to the child and emotional responses were coded with event sampling methods for the qualitative analysis additionally. Results showed that maternal depression was not associated with MRO and positive guidance, interference or negative control during the structured task and free play. Generally all mothers were involved during the structured task, whereas mothers with high scores of depression were significantly more detached and withdrawn during the free play with a child. The detailed microanalysis of the videotaped interactions also revealed the incongruent maternal responses to child's fear and anger during free play interactions, both at child's age 18 months and 4 years old. The significance of the free play observations for the clinical assessment and research purposes is highlighted in conclusions.

The Role of parental language in parent-child relationship

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Despite the theoretical ideas suggesting that language – in addition to observed parental behavior – has a unique contribution to the parent-child relationship, most of the research examining parent-child interactions did not examine the quality of parental language used in these interactions. We set up this study to answer to three research questions: (a) Is parental language associated with parental behavior? (b) Is parental language associated with parent-child dyadic-mutuality above and beyond parental behavior? (c) Does parental language moderate the links between parental behavior and parent-child dyadic-mutuality? The sample included 65 children ($M = 1.97$, $SD = .86$) and their parents. Parent-child interactions were videotaped during home visits. Parental language was coded for (a) *Parental exploring language* (e.g., parental use of utterances encouraging the child to verbally share his/her needs); (b) *Parental controlling language* (e.g., parental use of utterances denying the child's inner world by controlling his/her

actions in an intrusive way). Results indicated that parental exploring language was positively associated with sensitivity, but only for mothers ($r=.25$, $p<.05$). As for controlling language, higher levels of controlling language were associated with lower levels of parental nonintrusiveness (mothers $r=-.37$; fathers $r=-.45$; $p<.001$) and with lower levels of sensitivity, but only for fathers ($r=-.28$, $p<.05$). Furthermore, parents using higher levels of exploring language showed higher levels of parent-child dyadic-mutuality, even when accounting for parental behaviors (mothers $r=.40$; fathers $r=.35$, $p<.001$). Use of controlling language, however, was not found to be related to parent-child dyadic-mutuality. Results also revealed moderation effect, in which the links between parental behaviors the parent-child dyadic mutuality vary by parental use of language. These moderation effects vary for mothers and fathers as well as for specific parental behaviors. The finding supports the notion that the type of parental language does matter, above and beyond parental behavior in the dyadic relationship.

Mother-infant interaction during free play and structured task: does the mode of delivery matter?

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Introduction: Childbirth is important, even crucial experience in women's life influencing her postnatal psychological well-being. There is no evidence about possible effect of childbirth experience on early mother-child interactions. Aim of this study is to analyze the quality of mother-infant interactions according to the mode of delivery. Material and methods: participants were 8 mother-infant dyads, 4 infants born from normal vaginal delivery and 4 born from urgent Cesarean section. All women (mean age 26.7 years) were married, highly educated and with low postnatal depression scores. Videotaped observations of mother-infant free play and structured task were used for the analysis of mother-infant interactions. Mean age of infants during observation was 15.8 months. Mutually responsive orientation (MRO, Kochanska et al., 2005), maternal interactive style (Calkins & Johnson, 1998) and mothers' and infants' emotional tone (Diener & Mangelsdorf, 1999) were analyzed. Results of analysis showed that all mothers in both groups generally were using positive guidance during interactions with their infant, MRO scores varied from low to high, and neutral emotional tone was predominant. However mothers of urgent Cesarean section were using more negative control and interference during free play. They were more oriented to goal achievement during structured task as well. Mutually positive affect during free play was more often observed in mother-infant pairs of the vaginal delivery group, while unsynchronized emotions were more often observed in mother-infant dyads from the Cesarean section group. We conclude with some particular differences of mother-infant interactions more prominent during free play versus structured task. Some possible mediating factors of the connection between delivery mode and the mother-infant interactions are discussed as well.

Mother-child interaction in-context: The role of CHAOS as a moderator

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Maternal reflective functioning (MRF) refers to mothers' ability to understand mental states in themselves and in their children, and to treat their children as independent agents. MRF has been linked with maternal sensitivity, the ability to appropriately perceive and respond to infants' signals in an affectively-adequate manner, and was suggested to underlie it. The aim of the current study was to explore the effect of the environment of the relation between MRF and sensitivity.

Household-chaos encompasses background surrounding factors that may elicit stress: crowding, noise, lack of routine, and the number of people walking around the house. Household-chaos is correlated negatively with developmental outcomes and with parenting behaviors. We hypothesized that the relation between MRF and sensitivity would be moderated by household-chaos. Participants were 134 mothers of 6-months-old infants born preterm (n=77, gestational age 28-34 weeks) or full-term (n=57, >37 weeks). Mother-infant free-play interactions were video-taped in home visits and coded for sensitivity using the Emotional Availability Scales (Beiringen, 2004), and for MRF using the appropriate mind-mindedness scale (Meins & Fernyhough, 2010). Mothers completed the Confusion, Hubbub, and Order Scale questionnaire (Matheny et al., 1995) assessing household-chaos. Results indicated that MRF ($\beta=.27$, $p=.001$) and household-chaos ($\beta=-.17$, $p\leq.05$) significantly predict sensitivity. An interaction between MRF and chaos ($\beta=-.16$, $p\leq.05$) revealed that the relation between MRF and sensitivity was significant under low household-chaos ($\beta=.50$, $\beta=.36$, $p\leq.01$, for full-term and preterm groups accordingly) but not under high household-chaos ($\beta=.22$, $\beta=.08$, ns, for full-term and preterm groups accordingly). These results support the idea that representations of infant's mental states underlie the ability to behave sensitively. However, this link is barely evident under high household-chaos, highlighting the importance of an organized, quiet and calm home environment.

17:15 – 18:00 Video Presentations

“Connections”: A manualized group intervention for mothers and children experiencing violence in relationships

Motz, M., Leslie, M.

Early Intervention Department, Mothercraft, Toronto, Canada

Introduction: For mothers struggling with substance use problems, effectively parenting their infants and young children presents many challenges. Involvement in an abusive relationship is a significant risk factor to the mother-child relationship and has detrimental effects on the mothers' wellbeing as well as the mental health and development of their infants. Research suggests that children exposed to domestic violence not only face a greater likelihood of maltreatment, but also may experience permanent neurological damage and disrupted attachment relationships. Violent relationships also pose a threat to the process of recovery from substance use for mothers. These combined risks stress an already compromised parenting system.

Purpose: This presentation will introduce participants to the *Connections* intervention. We will briefly discuss the context and development of the *Connections* intervention. The structure for facilitating the group and implementing the curriculum for the 6-week intervention will be described. Outcomes of quantitative and qualitative research conducted of *Connections* groups will be presented. Videotaped clinical material of mothers who have participated in the *Connections* program will be used to facilitate participant understanding and discussion.

Description: *Connections* is a six-week manualized group intervention which incorporates an attachment, developmental and trauma-based lens. The aim of *Connections* is to provide information, increase awareness, and create a safe opportunity for mothers to explore their experiences of abuse in relationships; and to consider its impact on a) their parenting, b) their substance use recovery, and c) the development of their children (0-6 years).

The *Connections* manual is available in English and French, and as a version that has been written and adapted for Canadian Aboriginal communities.

Conclusions: An introduction to the *Connections* intervention will facilitate an understanding of the importance of integrated, collaborative approaches when working with mothers and infants/young children at risk due to familial violence.

18:00 – 18:45 Video Presentations

Argentine scale of sensory motor intelligence: application in vulnerable populations of infant at biological and social risk in Argentina

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¹ *Perinatal Psychology, Interdisciplinary Center of Research in Psychology, Mathematics and Experimental - National Council of Scientific and Technical Research (CIIPME-CONICET), Ciudad Autonoma de Buenos Aires, Argentina;* ² *Perinatal Psychology, Faculty of Psychology. University of Buenos Aires, Ciudad Autónoma de Buenos Aires, Argentina*

The purpose of this work is to present the test named “Argentine Scale of Sensory Motor Intelligence” (EAIS) which allows the assessment of the cognitive development in infants from 6 to 30 month old. And to describe the results obtained from the application of this test in infant with different characteristics and from different populations all around our country during the last ten years, from the moment this test was created until the present. In the present video presentation we described research made from the application of the EAIS test to assess early cognitive development of infants at biological and social risk as: malnutrition, anemic children, prematurity, sexual abuse, infant from indigenous communities and orphans babies.

The objectives are:

1. To present results obtained from the application of this test in different argentine vulnerable populations.
2. To assess the sensory motor intelligence of argentine infants at biological and social risk in order to obtain reference values of those vulnerable populations.
3. To compare early cognitive development between infants at social and biological risk with healthy infants.
4. To go more deeply into the knowledge of intellectual processes of very young children (from 6 to 30 months old) especially with regard to risk factors influencing the cognitive development.

This research is a contribution to the health area with a useful as well as efficient tool to diagnose the intellectual development of babies with biological and social vulnerability and to investigate the impact of those conditions into early child development. The EAIS has become a useful technique for the early prediction of future abilities or disorders in the cognitive area and to follow up cognitive development in babies at risk of cognitive delay.

17:15 – 18:45 Poster Workshop

Integrating the Well-Being of the Whole Child across Five Different Communities: Consolidating Insights

Facilitator: Lillas, C.
United States

Integrating the whole child’s well-being in the context of five diverse and cross-sectored communities (Alaska; California Central Valley; King County, Washington; Wisconsin; USA; Edmonton, Canada)

Discussants: McMurren, C. ¹, Joubert, C.², Thomas, L. ³, Camacho, M.⁴, Lanter, E. ⁵, Trottier, K.⁶, Hapchyn, CA.⁷

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³ Early Intervention Program, King County Developmental Disabilities Division, Seattle, Washington, United States; ⁴ Milwaukee Mental Health Consultants, Aurora Family Service, Milwaukee, Wisconsin, United States; ⁵ Children and Family Counseling, Children's Hospital of Wisconsin - Community Services, Milwaukee, Wisconsin, United States; ⁶ Child Welfare Division, Saint A's, Milwaukee, Wisconsin, United States; ⁷ Division of Child and Adolescent Psychiatry, University of Alberta, Edmonton, Canada, Canada

Translating Three Core Neurodevelopmental Principles into Clinical Practice: The Neurorelational Framework (NRF)

Lillas, C.

Director, Interdisciplinary Training Institute

Canada: Bringing the NRF to a Neonatal Intensive Care Unit and a Rehabilitation Hospital in Edmonton, Alberta, Canada

Hapchyn, C. A.¹, Lorrain, B.²

¹ Infant Psychiatrist, ElmTree Clinic, Glenrose Rehabilitation Hospital; ² Infant Psychiatrist, ElmTree Clinic, Royal Alexandra Hospital

Alaska: Using the NRF for Transdisciplinary Teams in Reflective Practice with Early Intervention Services in Alaska

Hurley, T.¹, Kinavey Wennerstrom, E.², McMurren, C.³, Trujillo, G.⁴

¹ Infant, Child, & Family Therapist, Centerpoint Counseling; ² Early Childhood Special Education, University of Alaska, Anchorage; ³ Programs for Infants and Children; ⁴ Infant Mental Health Specialist, Part C Early Intervention, Sitka, Alaska

Central Valley California: Building Culturally-Informed, Cross-Sector NRF Teams in Five California Central Valley Counties

Joubert, C.¹, Gose, K.², Batts, V.³

¹ Director, Central California Children's Institute, California State University, Fresno; ² Fresno City College, Department of Child Development; ³ Founding Director, VISIONS, Inc.

Seattle, WA: Creating Cross-Sector NRF Communities in King County, Seattle, Washington with NRF Facilitators' Cross-Fertilization from Alaska & Wisconsin

Ashley, N.¹, Cromar, M.², Thomas, L.³

¹ Systems & Policy Analyst, Child Welfare-Early Learning Partnership, Children's Home Society of Washington; ² Early Intervention Program Manager, King County Developmental Disabilities Division Wendy Harris; ³ ESIT Administrator/Part C Coordinator, Department of Early Learning, Washington State

Wisconsin: Transforming Prevention and Detention Efforts: Incorporating IMH Consultation to Community Home Visitation Programs and Expanding a Drug Treatment Court to a Healthy Infant Court Team

Camacho, M.¹, Lanter, E.², O'Brien, K.³, Trottier, K.⁴

¹ Psychotherapist and Mental Health Consultant, Aurora Family Service; ² Child & Family Therapist, Children's Hospital of Wisconsin Community Services; ³ Manager Family Institute of AFS, Aurora Family Service; ⁴ Infant Mental Health Specialist, SaintA

Enhancing clinical insight through system science methods: prospects and progress

Discussants: Lillas, C. ¹, Hapchyn, CA. ², Dobbs, T. ³
¹ Infant Mental Health and Early Intervention, Interdisciplinary Training Institute, Pasadena, California, United States; ² Division of Child and Adolescent Psychiatry, University of Alberta, Edmonton, Alberta, Canada; ³ School of Cultural and Family Psychology, Pacific Oaks College, Pasadena, California, United States

Systems Science Models – Creating Causal Loop Diagrams for Agent-Based and Systems Dynamic Modeling for the Neurorelational Framework (NRF)

Dobbs, T.¹, Hapchyn, C. A.², Joubert, C.³, Lillas, C.⁴, Mohammadbagheri, A.⁵, Osgood, N.⁵
¹ Faculty, Pacific Oaks College; ² ElmTree Clinic, Glenrose Rehabilitation Hospital; ³ Director, Central California Children's Institute, California State University, Fresno; ⁴ Interdisciplinary Training Institute; ⁵ Department of Computer Science, University of Saskatchewan;

Gathering Physiological Data in Real-World, Real-Time to Enhance Treatment of Toxic Stress

Dobbs, T.¹, Hapchyn, C.A.², Lillas, C.³, Mohammadbagheri, A.⁴, Osgood, N.⁴
¹ Faculty, Pacific Oaks College; ² ElmTree Clinic, Glenrose Rehabilitation Hospital; ³ Interdisciplinary Training Institute; ⁴ Department of Computer Science, University of Saskatchewan

Applying Social Network Analysis to the NRF Communities

Christensen, J.¹, Lillas, C.², Joubert, C.³, Mohammadbagheri, A.⁴, Osgood, N.⁴
¹ Woodbury University; ² Interdisciplinary Training Institute; ³ Central California Children's Institute, California State University, Fresno; ⁴ Department of Computer Science, University of Saskatchewan

Tuesday May 31, 2016

8:00 – 8:55 Master Class Lectures

MS-06 Tapping working models of family relationships in 4-7 year olds through Story Stem Narratives in a marriage and family clinic setting

Robinson, J.

University of Connecticut, USA

Families experiencing distressing life circumstances that impact their children's functioning seek out mental health professionals for support and corrective experiences. Listening to the experience of very young children through story stem narratives balances the experiences parents share about their challenging family interactions. This master class we will impart core information about: story stems, including content and administration; examples of children's responses; a strength-based report format for sharing the child's experience with parents. A case study will illustrate presenting problems shared by parents, a sample of the child's response, the report offered to parents, and their response.

MS-07 Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD)

Bakermans-Kranenburg, M.J., van IJzendoorn, M.H.

University of Leiden, The Netherlands

The VIPP program is based on findings from a meta-analytic review that identified video-feedback as beneficial for promoting parental sensitivity (Bakermans-Kranenburg et al., 2003). The program has now been tested in more than 10 randomized controlled trials, with varying at-risk groups of families and in child care. Slightly different versions of the program have been developed for each of these groups. In this workshop we will discuss the principles of the VIPP program, illustrate how the intervention is implemented, and provide an overview of the various VIPP modules and the program's effectiveness.

MS-08 Bridging The Gap

Warwar, L.

Mental health service for infants, toddlers and their parents, Child development center, French hospital, Nazareth

One of the challenges of building a therapeutic alliance with Arab patients in infant/parent therapy can be due to differences in the expectation of the therapist role in the therapeutic process. The therapist role, based on western theories and understandings, encourages the patient to reach, through a process, insights that can lead to a positive change in his life. In contrast, Arab patients may see the therapist in an instructing and directing role with immediate and obvious solutions to their difficulties. These differences in expectations can be due to cultural aspects and norms that will be discussed. Understanding these differences can help bridging the gap between the therapist and patient in the early and important stages of therapy.

MS-09 Boys and the Organization of Identity in the Context of Parental Psychopathology

Fitzgerald, H.

Michigan State University

Genetic, epigenetic, and environmental risk factors within families high in psychopathology provide a context that cascades risk factors and affects the organization of identity development. We will examine how familial psychopathology affects meaning making and how the organization of the intersubjective self in such families may canalize boys toward negative developmental outcomes. We draw heavily on data from the 27 year long Michigan Longitudinal Study of boys at risk for the development of alcoholism and other psychopathology. We consider factors that may prime neurobiological networks, hormonal stress regulatory systems, and cognitive self-perceptions that set the stage for the development of psychopathology. Finally, we consider whether the interdisciplinary field of infant mental health adequately addresses issues related to fathers and sons who reside on the risk side of the risk-resilience continuum.

MS-10

Speaking the Unspeakable: When Trauma Shatters Early Attachments

Lieberman, A.F.

Psychiatry, University of California, San-Francisco, San Francisco, California, United States

9:00 - 10:15 Plenary Lecture 3

9:00 – 9:15

Award Ceremony: Sonya Bemporad Award

Moderator: von Klitzing, K.
Germany

PLENARY LECTURE 3

Attachment, Trauma and Fathers' Role in Early Child Development: Cultural Context

Lieberman, A.F.

10:45 – 12:15 Symposium

Implementation of Interventions Informed by Theoretical and Empirical Facts

Moderator: Cherro Aguerre, M.
Cátedra Psiquiatría Infanto-Juvenil, Universidad de la República, Montevideo, Uruguay

Toxic parenthood and institutionalization

Miguel Cherro, A.

Universidad de la República, Uruguay

Given the increasing number of abandoned children and the lack of families to be in charge of all of them, I am proposing a kind of institutionalization which is good enough. In Uruguay, like in many other countries, the number of abandoned children has increased. At the same time, the number of families that can adopt has decreased. A dominant paradigm in social, judicial and political fields is to reintegrate, at all costs, the child to his or her original family despite the fact

that his or hers is a proven toxic one. If we follow the paradigm dogmatically we risk violating children's rights. Bearing in mind these considerations, we raise the possibility of institutionalization, without ignoring the negative international experiences that have been documented. We also note international experiences that show different results when certain parameters are carefully followed and present the results of a national experience that we consider favorable. We conclude that institutionalization can be a solution for abandoned children. But to be truly protective, it needs to meet certain conditions.

Obstacles in bridging the gap between research in early childhood development and its application in the clinic, the regional and the national levels

Maldonado-Durán

Kansas City

This presentation focuses on barriers and obstacles to implement the findings of infant development research, infant mental health, attachment research and other findings pertaining to the mental health of individuals and families. As in other medical fields, despite the evidence of the importance of some practices or interventions, these do not often translate into national or regional policies to promote better health or detect difficulties early on. Why not?

Economical factors: Despite the evidence on the "cost effectiveness" of early mental health intervention in terms of prevention of incarceration and disability in the adult years, there is still little interest at the national level in many countries to set in motion programs of early detection and intervention with families at high psychosocial risk to prevent the development of aggressive and criminal behaviors. The risk factors for these problems are well known, and the families in question quite easy to detect. Despite this, governments and local authorities find it hard to invest money in these programs, preferring to spend the money when "they have to", i.e. in jails, prisons and remediation programs with adult offenders, drug addiction, etc.

Political Factors: In countries like the USA there is a reluctance to assist families in need, at high social and emotional risk, because of a belief in self sufficiency and the fear of creating more "takers" rather than "workers". This applies even to children. The conservative philosophy dictates that only after a crime has been committed (e.g. child abuse or neglect) then the state has an obligation to intervene, which then is at great cost (foster care, taking over the custody of a child, providing services for families that are resentful or non cooperative) and "raising" thousands of children in the foster care system. Politicians find these alternatives more acceptable than helping families before they "have to" to maintain the illusion of self sufficiency and "independence" of families. Voters may embrace that same belief.

Cultural barriers: Different social groups adhere tenaciously to some practices that are based on religious, traditional or folk beliefs, despite evidence that some alternatives might be "better" for the child or for the family. For instance, physical discipline or spankings of even very young children, separations from parents, very early child care for long hours a day, rearing children in a coercive manner, or scaring them to induce compliance and obedience. In some, girls are considered less important and valuable than boys and can be neglected or treated as less important than boys. There are multiple practices that can be detrimental but are very difficult to change.

The medical establishment and education: Medical schools, with few exceptions, continue to teach a model of intervention for illness with little emphasis on prevention and much emphasis on rehabilitation and "cures". Also, psychosocial factors and the emotional needs and development of children and parents are not addressed, even in residencies like pediatrics or family medicines. As a result, although mental health and child rearing advice are largely provided by those professionals, their education includes little on those fields, or only very superficial and behavioristic advice to "extinguish" undesirable behaviors.

Psychological factors: Many years ago Karl Menninger wrote an essay titled “Why do we hate children?” in which he examined the factors that might lead to maltreatment and ignoring the needs of children. It might be pointed out also that there is a “Fear of childhood” in the mind of many adults, those in positions of power, and in the public in general. Those who have suffered a lot during childhood may “suppress” or be dissociated from their memories, emotional pain, suffering or fears and may wish to avoid any possible mention or recollection of those circumstances. This may lead to a difficulty in appreciating the emotional suffering, unsatisfied needs, and difficult circumstances in which many children are growing, and many of which could be alleviated or remedied with early intervention strategies

Implementation of intervention programs to promote attachment and respectful caregiving in different life contexts of infants: A national study

Lecannelier, F.

Universidad del Desarrollo, Chile

One of the main challenges of the current science of early childhood development involves transferring the empirical knowledge obtained to the implementation of intervention programs that can have a mass impact, and which can influence the framing of public child welfare policies. In Chile, this challenge has translated into the creation of an Integrated Child Protection System, the mission of which is to help children and their families among the most vulnerable 40% of the Chilean population, from pregnancy until the child reaches 4 years of age. As part of the national assistance program (called “Chile Crece Contigo” or “Chile Grows with You”), a series of studies has been conducted, the goal of which is the creation, implementation and assessment of various intervention programs designed to foster attachment security and adequate socio-emotional development in children from birth to 4 years in different care settings. More specifically, these intervention programs are designed to promote four caregiving skills in the various adults responsible for the children. These skills are: 1) *Attention*: the ability to pay attention to various non-verbal and temperamental signals in the children; 2) *Mentalization*: the ability to infer mental and emotional states free of negative attributions on the children’s behavior; 3) *Self-Mentalization*: the ability to distinguish the emotional and mental processes of the adult compared to the child’s behaviors and reactions; 4) *Regulation*: the ability to contain and protect the child’s various behaviors and stress reactions. These four abilities have the Spanish acronym A.M.A.R. (“L.O.V.E.”). Based on these four abilities, several intervention programs have been created, and these have been implemented and assessed at the pre- and post-intervention stages in many cities in Chile, through five studies: 1) The A.M.A.R-Caregiver Program: for incarcerated babies and their mothers, and early institutionalized infants; 2) The A.M.A.R-Caregiver Program: for infants who attend nurseries and day care; 3) The A.M.A.R-Educational program: for children who attend preschools education; 4) The Attachment & Trauma Program for institutionalized children who have suffered complex trauma in their early childhood; and 5) The A.M.A.R-Family Program: for children living with foster families. The aim of the presentation will be to report on substantial aspects of the intervention methodology as well as preliminary results, and the impact at a level of national policy.

10:45 – 12:15 Symposium

Effects of parental violence exposure and related psychopathology on the parent-infant relationship: Implications for treatment

Moderators: Schechter, D.S.¹, Willheim, E²

¹ Child and Adolescent Psychiatry, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland; ² Psychiatry, Columbia University Medical Center, New York, New York, United States

Discussant: Alicia Lieberman

Psychiatry, University of California, San-Francisco, San Francisco, California, United States

Differences in mother-infant interactions and in maternal perceptions of infant vulnerability in traumatized mothers with and without a diagnosis of PTSD

Burchen, N.¹, Alvarez-Segura, M.², Kanat-Maymon, Y.³, Mendelsohn, A.L.⁴, Feldman, R.⁵

¹ Pediatrics, Albert Einstein College of Medicine, Bronx, New York, United States; ² Pediatrics, Hospital Sant Joan de Déu Barcelona / University of Barcelona, Barcelona, Spain; ³ School of Psychology, Interdisciplinary Center, Herzliya, Israel; ⁴ Pediatrics, Bellevue Hospital / New York University, New York, New York, United States; ⁵ Developmental Social Neuroscience Lab, Bar-Ilan University, Ramat Gan, Israel

This study aims to investigate differences in interactive behaviors and in maternal perception of infant vulnerability between traumatized mothers with and without a diagnosis of PTSD. **Material and Methods:** 198 six-month old term infants without medical complications and their mothers. A psychiatrist assessed maternal PTSD, major depression, and anxiety symptoms (CAPS, SCID-IV, Spielberger Trait Anxiety Inventory). Videotaped mother-infant interactions were coded using the Coding Interactive Behavior Scale (CIB; Feldman/1998). Mothers completed questionnaires regarding infant and parenting behaviors. Coders were blind to maternal interview results. To test a model assessing paths leading from maternal psychiatric symptoms to infant and parenting measures, we computed Structural Equation Modeling: 48.9% of mothers had a history of trauma, 28.2% had significant symptoms of anxiety (STAI>40), 17.7% a diagnosis of PTSD, 16.1% Major Depressive Disorder. Results of Structural Equation Modeling revealed a complex interactional pattern between maternal trauma, PTSD diagnosis, video-coded behaviors, and maternal perceptions. The findings of this study can help optimize preventive care and therapeutic strategies focusing on at-risk infants born to mothers with a history of trauma at a very young age.

Maternal Experiences of Intimate Partner Violence at Different Life Stages Predict Toddler Social-Emotional Problems via Disorganized Parenting

Riggs, J.L., Huth-Bocks, A.C., Janisse, H.C., Lauterbach, D.

Psychology, Eastern Michigan University, Ypsilanti, Michigan, United States

Utilizing multiple methods, we aimed to understand how exposure to IPV during childhood and in adulthood predicts aspects of disorganized parenting and toddler social-emotional functioning. 120 ethnically diverse and economically disadvantaged women and children. Indicators of disorganized parenting (e.g., covert hostility, frightening behavior) were coded from play-interactions. Subjective aspects of parenting were reported on the Parenting Relationship Questionnaire (Kamphaus & Reynolds, 2006) and the Caregiving Helplessness Questionnaire (George & Solomon, 2011). Toddler social-emotional problems were measured using the BITSEA (Briggs-Gowan & Carter, 2007). Structural equation modeling results indicated that both mothers' own childhood exposure to, and adult experiences of, IPV predicted greater social-emotional problems in their toddlers via disorganized caregiving. Childhood exposure to IPV predicted more *observed* disorganized caregiving, which predicted greater toddler social-emotional problems (total $R^2 = .13$, $p < .05$; indirect $R^2 = .07$, $p < .05$). Adult IPV experiences predicted greater *self-reported* disorganized caregiving, which predicted greater toddler social-emotional

problems (total $R^2 = .77$, $p < .001$; indirect $R^2 = .29$, $p < .01$). Findings indicate that IPV experiences across the lifespan are carried with women into parenthood and may disorganize the caregiving system, placing dyads at risk and in need of intervention.

STRoNG Military Families: A multifamily group intervention for military families with young children

Muzik, M., Rosenblum, K.L.

Psychiatry, University of Michigan, Ann Arbor, Michigan, United States

This pilot study evaluated a multifamily group intervention for military families with young children to counteract child abuse risk. Forty-eight (26 female and 22 male) military families members and their children (ages 0-5) entered the *STRoNG Military Families (SMF)* intervention study. *SMF* is a 13-session intervention for military service members, their parenting partners, and their young children. Pre-post evaluation measures included self-reported parental posttraumatic stress symptoms (PCL-Military; 5), a 17-item scale (scores range 17-85), and a parenting and child rearing attitudes inventory (Adult-Adolescent Parenting Inventory; AAPI-2; 6). Based on known parenting and child rearing behaviours of abusive parents, responses to the inventory provide an index of risk for practicing behaviours known to be attributable to child abuse and neglect. Results of paired t-tests indicated significant reductions on the PCL-M from pre-test to post-test ($p < .05$). Similarly, pre-post tests on the AAPI-2 construct scales Expectation, Empathy and Corporal Punishment showed significant score changes indicating reduction of risk (all p 's $< .05$). The *SMF* curriculum addresses parent mental health and parenting concerns. Results suggest that *SMF* is feasible and acceptable, with promising preliminary efficacy observed for both parents.

Maternal PTSD and corresponding neural activity mediate effects of child exposure to violence on child PTSD symptoms

Schechter, D.S., Moser, D.A., Pointet, V., Ansermet, F., Rusconi Serpa, S.

Child and Adolescent Psychiatry, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

This longitudinal study aimed to examine predictors of preschoolers' traumatic stress linked to interpersonal violence (IPV). Schechter et al. studied non-referred mothers ($n = 57$; M age = 34.37, $SD = 5.77$) of 12-42-month-old children ($M = 27.59$ years $SD = 8.65$). Mothers and their biological children participated in a videotaped protocol. Mothers completed the Conflict Tactics Scale (CTS) and CAPS. One to 2 weeks later, dyads participated in an interaction procedure (Zeanah et al., 2000) including separation-reunion. Mothers completed the Disturbances of Attachment Interview (DAI). Child exposure-to-violence was measured by CETV questionnaires. Mothers were scanned via fMRI 2-4 weeks later. fMRI 30 second video-stimuli were drawn from mother-child interaction sequences of free-play and separation. CBCL-PTSD screening-questionnaires were completed one year after participation. Maternal ventral-medial prefrontal cortical (vmPFC) activity was negatively correlated with CAPS scores and child DAI, CBCL-PTSD. Multiple regression was performed. CETV and maternal vmPFC activity as a marker of maternal PTSD each independently predicted the CBCL-PTSD score one year later. Maternal vmPFC activity was noted to mediate partially effects of CETV on child PTSD symptoms: $R^2 = .21$, $F(2,39) = 5.248$, $p = .010$; β -CETV = .22, $p = .156$; β -vmPFC = .33, $p < .034$; Sobel $p < .05$). Maternal PTSD and corresponding neural activity should be actively addressed in parent-infant intervention.

10:45 – 12:15 Symposium

Live reflective case supervision: a psychodynamic perspective

Moderators: Emanuel, L¹, Walker, P²

¹ *Department of Children and Families, Tavistock Clinic, London, London, United Kingdom;* ² *Outpatient Clinic for children and adolescents KJPD, St. Gallen & Zentrum für Entwicklungspsychotherapie, Zurich / Switzerland*

Discussant: Walker, P

Outpatient Clinic for children and adolescents KJPD, St. Gallen & Zentrum für Entwicklungspsychotherapie, Zurich / Switzerland

Live supervision: reflective practice, a psychodynamic perspective

Emanuel, L¹, Walker, P²

¹ *Children and Families, Tavistock Clinic, LONDON, United Kingdom;* ² *Outpatient Clinic for children and adolescents KJPD, St. Gallen & Zentrum für Entwicklungspsychotherapie, Zurich / Switzerland*

This workshop offers delegates an experience of live supervision of a current case, presented by a senior infant mental health practitioner. A brief introduction to the concept of reflective supervision will be followed by a case presentation, including detailed clinical material describing a parent-infant/toddler intervention. The supervisor and supervisee will engage in a discussion, reflecting on the session content, theoretical framework, and technique. This will be followed by shared reflection time with congress participants. This workshop is suitable for anyone who works with infants, toddlers and their families, and is offered in response to a request for learning opportunities about reflective supervision and therapeutically-oriented discussions to bring back to their communities.

10:45 – 11:30 Workshop

Embodied coherent birth narratives-- an exploration of a hybrid intervention

Howarth, L.¹, Houle, K.², Brawley, K.³

¹ *Department of Family Medicine, McMaster University, Hamilton, Canada;* ² *Department of Philosophy, University of Guelph, Guelph, Ontario, Canada;* ³ *Child & Family Clinical Services, 0-6, Peel Children's Centre, Mississauga, Canada*

Introduction: According to recent studies, between 33-45% of women describe their birth as traumatic. A literature review suggests that there are several negative impacts on women, infants and their families that could result from experiencing a disappointing, difficult or traumatic birth. Some of these include; lowered emotional availability, loss of positive affect, dissociation, depression, negative appraisals, difficulty bonding, loss of self-identity and feelings of avoidance, fear or numbing. The outcome of this can be a relational dynamic between mother-infant that has impaired bonding.

Purpose: When mother infant bonding is impaired, this can have long term impacts on the attachment relationship as well as the mother's self-efficacy, confidence and identity as a mother, leading to a bi-directional cycle of disrupted attunement, cue-reading, responsiveness and mutual enjoyment—all of which are essential to secure attachment. The absence of adequate counselling and support in the postpartum period has been well documented.

Description of work: This clinician/researcher set out to develop a dimensional, hybrid model of intervention to prevent birth stories from becoming trauma narratives. Using a phenomenological,

heuristic framework, in-depth semi-structured interviews with 6-10 women will be conducted about their birth experiences. Women who self-identify as experiencing feelings of grief, depression or disconnection will be offered a brief hybrid intervention that integrates “other ways of knowing” such as ‘felt-sense’ awareness, body memories with trauma-informed practices, somatically based interventions, mindfulness and synchronous tracking of the mother-infant pair to enhance bonding and attachment. Through this intervention, a corrective emotional and somatic experience is co-constructed. The infant’s body based communications, movement patterns and vocalizations are considered to be an integral part of the birth story. By attending to tracking the embodied communications and temporal birth story of both the mother and the infant, embodied attachment and a dyadic coherent birth narrative will be supported.

11:30 – 12:15 Workshop

Beyond politics: Working with young Arab children with Autism and their families in a center in Haifa, Israel

Zidane, M.H.

Occupational Therapy, Milman Center, Haifa, Israel

In this workshop I will describe a multi-disciplinary clinical treatment of young Arab children with ASD and their parents in a center in Haifa, Israel. I will emphasize the following points:

Brief description of the Palestinian-Arab population who live in Israel.

Presenting Milman Center and its unique model for treating young children with ASD and their families.

The Arab team: A multi-disciplinary team of Arab professionals who provide parent-child interventions and work with full co-operation with the Jewish colleagues at Milman Center.

A top priority of the center is to provide treatment for Arab children and their families by therapists from the same Arab culture who speak the language and are naturally familiar with the culture.

The family centered work includes encounters of Arab and Jewish parents who share a similar pain – having a child with ASD. Finally I will describe the treatment model where groups of 6-8 children and their parents come twice a week for 4-hour sessions which combine group and individual therapies. These points will be illustrated using video clips showing parts of a treatment day.

10:45 – 11:30 Workshop

Young Children Experiencing Separation and Reunification Due to Wars and Geopolitical Unrest: An Ecological Perspective

Zarnegar, Z.

Department of Mental Health, Child Health International, San Juan Capistrano, United States

Wars and social-political conflicts cause displacement of families, resulting in accidental or forced separation of children from their families and caregivers. An ecological perspective introduces the effects of separation and loss due to socio-political violence on development of young children in the world, within the context of social-cultural domains. This workshop will focus on involving participants about the multifaceted challenging and traumatic experiences faced by young children separated from their parents/primary caregivers during the early years of their lives when their needs for a consistent, predictable, reliable, supportive and available care of significant adults is highest. Together, presenter and the audience will explore the factors that impact developmental processes, and the lives of these children. Importance of a comprehensive, trans-disciplinary, and multi-agency coordinated services that incorporates efforts of many care-providers will be

discussed. Necessity of education and training on relationship between trauma and developmental processes, child-parent focused intervention modalities, and an ecologically driven approach to early intervention, all within developmental paradigm will be discussed. By the end of this workshop, participants will have increased knowledge about: (a) traumatic experiences – primary and secondary trauma; (b) impacts of trauma on developmental domains; (c) alternative placement challenges for young separated children; (d) identification of community resources serving these children; and (e) ecologically based, relationship oriented, and supportive reunification paradigm in the context of culture, community processes, and social negotiations. This workshop also presents a challenging discussion among the audience on description of examples of complexities among the first generation children of immigrant families in contemporary multi-cultural communities such as Los Angeles County vs. other locations in the world.

11:30 – 12:15 Workshop

Mindful self compassion for caregivers

Tyano, R.G.

Private, Kiryat Tyvon, Israel

Introduction: High levels of stress and burn-out are a growing concern among social workers and mental health professions. These providers need accessible, effective tools to support themselves and their clients. Mindfulness is a state of mind that provides professional and personal support.

On a personal level, reduces burnout by activating the body's relaxation response hence, Managing Compassion Fatigue. As professional caregivers we tend to give a lot compassion to others. What we call compassion fatigue and it is possible to work with it in a way that stops us from feeling overwhelmed, drained and burnt out. It also increases resilience which helps social and health care workers respond in healthy ways to the many stresses they face in their work.

Aims: Infants are in a mindful state, this is an opportunity to understand this state from within. In order to take care of them as professionals and of parents and develop empathy and understanding of their theory of mind we could practice MSC. In our own and their benefit. Mindful Self-Compassion (MSC) is an experiential 8-week training program based on the groundbreaking research of Kristin Neff and the clinical expertise of Christopher Germer. MSC training teaches core skills that empower participants to respond to life's difficult moments, with kindness, care and understanding. come to receive and taste the gift of Mindful Self-Compassion in this workshop. Take the time to pause and turn toward training your heart, mind and brain in the development of positive mind states that build inner strength and resilience.

Conclusions: This workshop of experiential training strengthens the capacity to meet life's difficulties with courage, connectedness, and compassion. The empirically supported exercises offered in this session can be used anytime, anyplace. Go to the following websites to learn more about Mindful Self-Compassion: <http://self-compassion.org/> or <http://www.mindfulselfcompassion.org/> or <http://www.centerformsc.org/>

10:45 - 12:15 Brief Oral Presentations

Broadening the range of models of working with infants and parents

Facilitator: Berg, A.
South Africa

A triple-method training model to support the development of early childhood mental health professional competencies

Ritblatt, N. S.

Child and Family Development, San Diego State University, San Diego, United States

Early childhood educators are an important first-response team in addressing a child's mental health needs. The triple-method-training model utilized in the Early Childhood Socio-Emotional and Behavior Regulation Intervention Specialist (EC-SEBRIS) certificate program recognizes the role of the early childhood care and education professional as a primary attachment figure who provides support for young children. It brings the mental health provider to the early childhood education site and to the natural environment of the child. Unlike the medical model, which brings the child to the clinical setting and provides behavioral support in isolation, or the consultation model, which brings the mental health professional to the site when needed, this model calls for the involvement of the early childhood mental health professional in the natural environment of the child and recognizes the need for all adults involved in the care of the child to be informed, engaged, and skilled to support and regulate the child's behavior. The trained provider provides behavioral support and coaches other professionals. These skills are enhanced through using the triple method of teaching: integrating knowledge, experience, and reflective process. Videotaping, on-site coaching and the reflective process (done in groups and one-on-one) facilitate the integration of theory and practice and facilitate the application of knowledge in the field. This nested training model focuses on improving a teacher's knowledge base and enhancing his/her sense of self-efficacy supporting emotion and behavior regulation in the classroom. The reflective facilitation process, using videotaping and on-site coaching, enhance a teacher's awareness of his/her reactivity, which is central to the transactional framework. This wraparound training program assists adult professionals to become more aware of their own self and increases their ability to engage positively with the children in their care in order to support behavior regulation.

Intensive-integrative intervention for young children with severe impairments

Peskin, M.^{1,2}

¹ *Sackler Medical School, Tel Aviv University, Tel Aviv, Israel;* ² *Young Children Department, Geha Mental Health Center, Petah Tikva, Israel*

Introduction: The Geha Mental Health Center is a university hospital in Israel, Tel Aviv University affiliated to. The Young Children Department of Geha provides diagnostic and therapeutic services for children aged 3 to 6, and their parents. Young children who suffer from severe and complex psychopathology, with significantly impaired functioning, require intensive, multidisciplinary professional intervention. They are candidates for our day treatment unit. Children whom do not require intensive services receive regular ambulatory treatment. The therapeutic work at our day treatment unit is based on a unique model, which combines the efforts and expertise of clinical and educational professionals, and is mainly delivered in the context of a kindergarten.

Aims of the work: To present the methods and programs we implement in order to deliver for each young child in the day treatment setting both an individual therapeutic-educational approach and a group one.

Description of the work: Children attend the day treatment unit every day, from 8:00 to 16:00. Their difficulties are carefully mapped, along with their strenghts. Each activity at the kindergarten is planned by clinicians and educators together, during regular meetings, consultations and discussion groups. It is in this way that the kindergarten becomes a therapeutic milieu. In addition, each child receives individual psychotherapy according to his psychopathology, developmental level and natural tendencies. They are provided also developmentl-paramedical interventions, and medical treatment when indicated. The child and his parents attend dyadic treatment in a group setting. The intervention lasts usually a year.

Conclusions: In our experience, this intense-integrative intervention model is succesful in providing the complex-combined needs of preschoolers with severe psychopathology which leads to significant impairment and their parents'.

We believe the model may be of interest and inspiration for other teams who have to deal with similar populations.

Reaching across the divide: A clinical case study of the Mifne therapy program with a family from the West Bank

Alonim, A.H., Lieberman I., Tayar, D., Schayngesicht, G., Braude, H.

The Mifne Center & Bar Ilan University, School of Social Science, Israel

Introduction: The Mifne therapy model consists of a three week intensive residential program for infants with autism and their families. The therapeutic approach is based on attachment theory and family therapy and incorporates sensory-motor, emotional, and cognitive aspects of development. During the treatment, tools for developing mutuality and social interaction are applied by means of reciprocal play and daily functioning. This presentation analyzes the Mifne model through a case study of a family with their 27 month old daughter from the West Bank diagnosed with ASD.

Aims of the Project

This clinical study has three primary objectives:

1. Description of the therapy with a Palestinian family and their daughter diagnosed with ASD.
2. Conceptual analysis of the Mifne model paying especial attention to universal categories in ASD and familial cultural differences.
3. Relate the concepts of clinical and cultural empathy.

Description: Infants with autism present with a range of clinical behaviors. While unique to each infant, these behaviors form part of universal diagnostic categories included in the Mifne model, such as eye contact and reaction to familiar or unfamiliar people. Families are unique in their particular relational constellation. This case involving a family from a specific cultural background presented its own particular therapeutic challenges, requiring a family specific therapeutic intervention. Attention to the therapeutic environment and mutual respect are core elements of the Mifne model.

Conclusions: Individual and cultural differences need to be considered in providing therapeutic intervention for families and infants with autism. Applying clinical and cultural empathy is a key element in fostering attachment in children with autism who suffer from severe social isolation. Circles of interpretative meaning link these two conceptual phenomena.

Growing with Autism in a unique collectivistic culture

Shahla, A.

Sacred Heart, Sacred heart kindergartens for Autistic children, Haifa, Israel

In this presentation I will describe an interdisciplinary educational and therapeutic model for preschools children with Autism Spectrum Disorder. Based on a developmental, relationship-oriented, and family-centered approach. This model was designed in preschools for Arab children with ASD, since ASD was not discussed or acknowledged in the Arab education systems in Israel. Using case material I will describe the basic components of the model:

Main goals

- Provide a culturally appropriate educational and therapeutic system.
- Develop and provide a high quality educational and therapeutic intervention program, tailored to the individual needs of each child by an interdisciplinary team and stressing parents' involvement.
- Work with the parents through the period from diagnosis until the child begins elementary school, a period that can contain many challenges.
- Encourage parent's involvement in their child's treatment program and their consistent presence in therapy sessions, in order to help them connect better with their child and build a meaningful relationship.
- Work with children individually at the preschool and in the therapy room to strengthen communication skills.

Gender, sexual orientation, and parental status in co-parenting: what really counts?

Clinical insights from research with lesbian parents. Inside "Observation of family interactions with the Lausanne Trilogue Play - Developmental and clinical issues"

Carone, N.¹, Baiocco, R.¹, Lingiardi, V.², Mazzoni, S.²

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Introduction: The efforts to capture the complexity of family relationships and their influences on family members have led to a variety of assessment strategies, without, however, a multi-method approach. Additionally, research have began to converge on the results that lesbians and gays' parental experiences and competencies are similar than those of heterosexual couples. Nevertheless, very few studies have changed their epistemological background focusing on the specific sources of strength and resilience among same-sex parent families.

Aims of the work: The aim of this work is to study coparenting, family alliance, parental stress and child's adjustment in families with lesbian parents and to individuate variables that discriminate between functional and dysfunctional family interactions in clinical and non-clinical contexts.

Description of the work: We present two contrasted cases between one lesbian couple who sought a clinical consultation for the child's symptoms and the other who participated in the study voluntarily. The research procedure was multi-method and used both self-report measures and observation. The quality of triadic family interactions was explored with the postnatal Lausanne Trilogue Play, co-parenting was assessed with the Co-parenting Scale-revised and the magnitude of stress in the parent-child system was evaluated with the Parenting Stress Index. Finally, children's adjustment was evaluated with the Strengths and Difficulties Questionnaire (parent version).

Conclusions: Contrasted cases show the usefulness of integrating research findings into clinically relevant methods because they allow to examine family processes on both a representative and

practicing level. Considering simultaneously gender, sexual orientation and parental status, the study of same-sex parents would open new theoretical, methodological and practical perspectives.

Maternal eating difficulties and early dyadic feeding adaptation: different maternal symptoms for different baby outcomes?

Squires, C.¹, de Campora, G.², Vaivre-Douret, L.³, Giromini, L.⁴, Lalanne, C.⁵, Zavattini, G.C.⁶

¹ *Centre de recherches psychanalyse, médecine et société, Paris Diderot University, Paris, France;* ² *Department of Philosophy, Psychology and Education, University of Cagliari, Cagliari, Italy;* ³ *Department of Pediatrics, Centre Hospitalier Port Royal-Cochin, Paris, France;* ⁴ *Department of Psychology, University of Turin, Turin, Italy;* ⁵ *Department of Clinical Research, Saint-Louis Hospital, Paris, France;* ⁶ *Department of Dynamic and Clinical Psychology, Sapienza University of Rome, Rome, Italy*

Parents with eating difficulties have been shown troubles in feeding their infants. This may represent a risk factor for the onset of feeding/eating problems during the perinatal stage and the following developmental stages. Given that, it is still not clear how women's eating difficulties prior and after pregnancy shape the quality of their feeding interactions with the babies. The aim of our exploratory study is to specify the impact of maternal eating difficulties on early dyadic feeding interactions, by comparing a population of mothers with different kind of eating difficulties and their babies. For the purpose of this presentation, we will focus on the behavioral aspects of the nurturing interaction. The sample is represented by twenty-three women responding to the inclusion criteria (previous eating difficulties; in absence of somatic pregnancy pathology; in absence of psychiatric condition such as bipolar disorder) agreed to participate in longitudinal investigations and being videotaped at home during a mealtime with their babies. As a result, the sample is represented by 10 women suffered of anorexia and bulimia prior to pregnancy, and 13 overweight women who showed a pre-pregnancy tendency toward binge eating. The whole sample has been observed through the *Chatoor Feeding Scale* developed to diagnose feeding problems during infancy by identifying maladaptive attitude exhibited by both mother and infant. Items are rated on four points grouped under five sub-scales: 1) dyadic reciprocity (DR), 2) dyadic conflict (DC), 3) talk and distraction (TD), 4) struggle for control (SC), and 5) maternal non contingency (MNC). Preliminary results show higher scores on the DC subscale for overweight women, while women suffered of anorexia and bulimia showed lower scores on the DR subscale. The presence of maternal eating difficulties can promote dyadic exchanges featured by conflict and poor reciprocity, representing the risk of transmission of eating problems.

Bridging the gap - lessons learned setting up a sustainable infant mental health service in South Africa

Schulte, F.-, Douglas, G., Berg, A.

Department of Psychiatry, Division of Child & Adolescent Psychiatry, University of Cape Town, Cape Town, South Africa

Introduction: For many years infant mental health has been offered quite intimately by a small and dedicated team in our unit. Initially referrals appeared to center on feeding, sleeping and regulatory difficulties within relational parent -infant challenges. Change of staff and the growing need to manage more complicated cases, overshadowed by severe psycho social adversity, cultural diversity and neurodevelopmental problems as well as the need to train and broaden the knowledge of infant mental health assessments and interventions to the primary, secondary and within the tertiary level made it necessary to develop a new approach in addition to individual management of cases.

Purpose of the project:

- provide training opportunities to a wide variety of health professionals working with infants
- inform the structuring of a sustainable service in a resource constraint setting
- supporting primary and secondary levels of care
- improve patient care offering an MDT approach

Description of the project: We established a fixed time slot in our outpatient department to assess parents and their infants behind a one way mirror as well as offering therapeutic interventions. The observing team consists of a dedicated permanent infant mental health team (psychologist, child psychiatrist, speech therapist) as well as rotating trainees (psychology interns, senior registrars, registrars, advanced nursing students, OT and speech therapy students). Attendance of observations was offered as well to paediatric registrars, medical officers and MPhil Infant Mental Health students. All assessments and interventions are videotaped. Supervision of cases and direct advice during the assessment is given by an expert in this field.

Conclusion: This presentation aims to reflect on the first few months of establishing a new service, using video material, clinical impressions and case studies.

10:45 – 12:15 Workshop

How have we been affected by working in the IMH field?

Oppenheim, D.¹, Weatherston, D.², Puura, K.³, Guedeney, A.^{4, 5}

¹ Psychology, University of Haifa, Haifa, Israel; ² Executive Director, Michigan Association of Infant Mental Health, Southgate Michigan, United States; ³ Child Psychiatry, Tampere University Hospital and University of Tampere, Tampere, Finland; ⁴ Child and Adolescent Psychiatry, University Diderot Paris-Cité, Paris, France;

⁵ Perinatal, Infant Child & Adolescent Psychiatry, Hospital Bichat Claude Bernard APHP, Paris, France

The goal of this workshop is to highlight the impact work in IMH has on us. This workshop continues the tradition begun in Edinburgh in a workshop on how our past has led us to the field of IMH. The workshop will have 3 sections: the first in which each of the presenters will share their experience, the second in which the audience will convene in small groups and will be asked to share with one another their experiences of the impact of IMH work on themselves, and the third in which one member of each audience group will share with the general audience highlights of the small group discussions.

The presenters will be:

Antoine Guedeney, a Professor of Child & Adolescent Psychiatry who works in early assessment and intervention. He will talk about how he moved from pediatrics to mental health and disorders, and from psychoanalysis to attachment based psychotherapy.

Deborah J. Weatherston is the Executive Director of the Michigan Association for Infant Mental Health. Debbie is interested in how one's life is changed through the study of infant mental health, including concepts learned and the awakening of thoughts and feelings in our work.

Kaija Puura is a child psychiatrist working as a clinician, researcher, and lecturer. Kaija is interested in how positive experiences can build resilience throughout the lifespan. She will describe how different theories and experiences in infant mental health work have molded her as a person and as a professional, and how she copes with painful experiences.

David Oppenheim is a Psychology professor at the University of Haifa, Israel, and does attachment research. David is interested in the relevance of research findings to clinical work and will describe the emotional and intellectual rewards and difficulties in jumping back and forth between the two languages and cultures.

10:45 – 12:15 Symposium

Infant mental health: lessons from the international perspective

Moderator: Falissard, B
CESP, Univ. Paris-Sid, France

Because infant mental health can be conceived only through a multidimensional perspective which englobes some medical, psychological, familial, cultural and societal facettes, the contrasts that exists between countries and continents can be very instructive.

IACAPAP (international association of child and adolescent psychiatry and allied professions) proposes to organize a symposium that will engage in this direction.

Three professionals of infant/child/adolescent mental health of different continents will participate.

The following topics will be tackled:

1/ It is classical to oppose mental health to psychiatry; the former being more culturally dependant the the later. Is this dichotomy still relevant in the field of infant mental health ?

2/ In low and middle income countries, ressources are rare and needs are important. There is thus a necessity to efficient screening procedures to optimize the use of available mental health resources. How such screening procedure can be conceived in a transcultural perspective?

3/ It is sometime suggested that the term "low ressources countries" should be formulated "different ressources countries". In the area of infant mental health, which lessons could high ressources countries learn from low ressources countries?

Current situation of infant mental health across the world and the way forward

Falissard, B
CESP, Univ. Paris-Sid

How can we support implementation and sustainability of programs in LMIC countries?

Apter, G.
EPS Erasme, RIME

Teaching Infant Parent Mental health to Nursing Students in India

Harrison, A.
Cambridge Health Alliance

PSYCA6-36 : A mental health screening scale for children 6-36 months old for use in humanitarian contexts

Moro, M.-R.
CESP, Maison de Solenn, Univ. Paris-Descartes

10:45 - 11:30 Video Presentation

How to use the maternal looking guide (neonates): A training video for midwives

O'Rourke, P.M.
Department of Psychological Medicine, Women's and Children's Hospital, Adelaide, Australia

Introduction to the video: The perinatal period is a window of opportunity for the mother-infant relationship. It is the time when the mother first meets her actual baby and the foundations of the

mother-infant relationship are laid. Midwives are in a prime position to influence this if they can be more engaged in infant mental health. The Maternal Looking Guide is a reliable clinical tool developed as part of PhD research based on the proposition that maternal looking is critical in the development of the mother-infant relationship.

Purpose / Aim of the video:

To train midwives in the use of the Maternal Looking Guide (neonates) – a clinical tool that describes early maternal looking patterns

To increase midwives in understanding the importance of maternal looking and its critical role in the establishment of mother infant relationship.

Description of the video: This video is a training video that demonstrates how to use Maternal Looking Guide (neonates). This clinical tool has moderate reliability and assists midwives to identify different patterns of how mothers look at their newborns. This work captures midwives' imagination by validating their intuitive knowing and helping them reliably identify those mothers who are struggling to look at their babies.

Conclusions: Training in and use of the Maternal Looking Guide (neonates) at the Women's and Children's Hospital, Adelaide, South Australia is increasing midwives understanding of infant mental health. It provides a platform for them to identify dyads who would benefit from the Neonatal Behavioural Observations System (NBO). This early intervention is then administered by domiciliary midwives in parents' homes.

10:45 – 11:30 Poster Workshop

From family trauma to resilience when babies are born with congenital, physical abnormalities: the effect of parent-infant psychotherapy

Facilitators: Valente, G.¹, Bateson, K.², Valentine, C.²
¹ Switzerland, ² United Kingdom

From family trauma to resilience when babies are born with congenital, physical abnormalities: the effect of parent-infant psychotherapy

Valente, G., Galante, M., Bianchi, E.
Zerocinque, Charity Organizartion, Vacallo - Chiasso, Switzerland

In this workshop we present the work of three members of the Swiss Association Zerocinque, who have been part of monthly supervision groups run by Dr. Maria Pagliarani and Dr. Maria Pozzi. The Association Zerocinque (Zero-to-five) was founded 15 years ago by a Tavistock trained infant, child and adolescent psychotherapist, by a Swiss child and adult psychoanalyst and a number of psychoanalytic psychotherapists acting as founding members. Purpose of the Association is to train psychotherapists and early-age professionals, to organize events and promote the understanding and treatment of babies and young children within the context of family life and other institutions. The three presenters have worked with traumatized families where the babies were born with congenital abnormalities. These abnormalities had impacted on the parental capacity for reverie, holding and containment. These toddlers could not develop adequately and were stuck emotionally. Flower, aged 2, was affected by dwarfism and this, together with immigration, parental abandonment and sheer poverty, made it impossible for her mother to wean her off the breast and separate from her. Alessandro, also aged two, was born with a twisted foot, which required many medical interventions. His traumatized parents, unable to face the loss of an ideal baby, related to him as an invalid child and could not see him in his wholeness. Marital conflicts ensued and the boy stopped growing. Joy, aged 3, was born with an eye defect, which also required medical interventions and which left her parents in a collapsed state, quite differently

from Alessandro's parents. All families were treated in psychodynamic parent-infant psychotherapy and benefitted from it, although the work is still in progress with them all. The therapy with Joy was videotaped and the Greenspan Scale of social emotional development was used to evaluate changes in her development.

From family trauma to resilience: the case of Aldo

Galante, M.

Parent infant psychotherapy, Associazione Zerocinque, Vacallo, Switzerland

Aldo, aged 21 months, the only child of a young couple, was referred by the paediatrician for sleep difficulties and language delay. The parents had been deeply traumatised by learning during the pregnancy that the baby had a congenital foot and leg deformity. This required surgical intervention at birth, a plaster cast and later a metal cage around the foot and leg to be worn up to the age of four. The birth of a damaged baby produced a deep narcissistic wound in the parents: father became rather depressed, anxious and overindulged the boy while mother, who was on the verge of psychic collapse, managed it by being resentful and strict with Aldo. He was clearly confused about these opposite parenting styles and his attachment to either parents was rather troublesome, hence his symptomatic behaviour by the age of four. The psychodynamic work with the parents helped to understand intergenerational issues and their indulging and rejecting attitude towards Aldo. They were able to achieve some resilience in their relationship with him and to relate to him without projecting as much as in the past. Aldo's symptoms improved but the work is still in progress.

From family trauma to resilience: the case of Sara

Bianchi, E.

Parent infant psychotherapy, Associazione Zerocinque, Vacallo, Switzerland

Sara was born with a congenital eye cataract and glaucoma and had to undergo 9 eye operations in the first 4 years of her life. Her development was reported by her parents to have been normal but aged 4, they asked for help due to some strange behaviours. Sara would dance and ran around the house for a long time non-stop. She would gather together many bricks then knock them over repeatedly. When asked a direct questions, she would ignore the parents but repeat the question over and over again. At bedtime she would start laughing hysterically for no apparent reason and continue for long. Her parents worried about a possible autistic presentation caused by the anesthetic used during her eye operations in the past. But they were also aware of Sara's capacity to communicate. Psychodynamic therapy sessions were offered to the family, videotaped and the "Greenspan Social -Emotional Growth Chart" ministered. By the end of six months' treatment, Sara has normalised her behaviour, her play and resumed ordinary, aged-appropriate emotional responses. The parents managed to contain and reduce their anxieties in their relationship with Sara.

From family trauma to resilience: the case of Aisha

Bianchi, E.

Parent infant psychotherapy, Associazione Zerocinque, Vacallo, Switzerland

Aisha was born with dwarfism and aged 2 was referred by the paediatrician for severe feeding problems. She always wanted the breast and if not offered it she cried endlessly and inconsolably. Brief psychodynamic psychotherapy was offered weekly to unknot the reasons for this enmeshed mother-toddler dyad. Mum Alima had emigrated from a third world country, was living with a

tyrannical, older brother, a domineering younger sister. Her husband had abandoned the family to return to their country. Alima had clung onto Aisha as the only source of comfort and satisfaction in her troubled life abroad. The therapeutic work focused on mother's life and helped to contain her pain and anxieties offering understanding of the wider family dynamics. Alima did no longer need to cling onto Aisha, who was soon allowed to let go of the breast and she developed into a healthy toddler. It was interesting that the issue of Aisha being different due to her dwarfism, was never brought up openly by either mum or the 3 year older brother. The therapist had to reflect on the projective identification of silence before he could face this issue in a family session. The work is still ongoing.

A comparison of outcomes between the Solihull approach relationship-focused universal antenatal parents group and traditional parentcraft groups

Bateson, K., Lewis, F., Douglas, H.

Solihull Approach, Heart of England NHS Foundation Trust, Solihull, United Kingdom

Due to the importance of the parent-infant relationship, focus has turned to the factors which can shape it and the clinical interventions which can enhance it. At a universal level, antenatal parent classes offer an ideal public health opportunity to enhance these relational skills in parents. In the UK parents-to-be are usually offered a two session NHS antenatal group with a focus almost exclusively on the practical issues around labour and birth. Little if any attention is given to the developing relationship between parent and child or the importance of the postnatal relationship.

Aims: The present study sought to compare outcomes from a traditional 2 session antenatal group with outcomes from the 5 session Journey to Parenthood Solihull Approach Group. A range of measurement tools were used to measure factors either known to have an influence on the parent child-relationship, theoretically predicted to have an influence or known to strongly impact the child's wellbeing directly.

Method: Pre and post measures were collected from parents attending a routine two session parent craft group run by community midwives. The same measures were also collected from parents attending the 5 session Solihull Approach Parenting Group run by community midwives in a different geographical location.

Conclusions: The data is currently being analysed however an earlier pilot study suggests that the Solihull Approach Antenatal Parenting Group has a positive impact on areas including maternal/paternal antenatal attachment, intention to breastfeed. It also led to a significant reduction in pregnancy related anxiety.

Using the Solihull approach to support attachment

Valentine C., Douglas H.

Learning & Leisure Services, North Lanarkshire Council, Coatbridge, United Kingdom

The aim of this project is "All early years multi-agency practitioners across North Lanarkshire will become effective staff who are knowledgeable and skilled in promoting secure attachment in families; resulting in all families being supported to develop positive relationships with their children, ensuring all children reach their potential by December 2018". This ambitious aim underpins the training programme that has been undertaken in North Lanarkshire. The Solihull Approach training is being used to provide practitioners with a knowledge of attachment and to highlight the importance of the early years. This early intervention model provides a framework for practitioners to think about the families they support. The evidence based Solihull Approach training has been delivered to 500 practitioners to date. Evaluations of the training show that staff are becoming more knowledgeable and skilled in supporting families with an added benefit of

enhanced multi-agency practice. The practitioners trained report that the approach is highly relevant to their different roles and that the training has resulted in them being more confident in supporting anxious parents. The training has provided a shared language and understanding of attachment focused practice and has resulted in many initiatives to promote attachment being undertaken by practitioners from various services. Current evaluations are being carried out to measure the impact that the trained practitioners have on supporting families and the subsequent outcomes for children. Solihull have also created a parenting programme which has also been tested in North Lanarkshire, with very positive feedback from parents and the practitioners who have delivered the programme. Following recent training, a head teacher commented "...thank you very much for the training...I have noticed (staff) addressing children in a different way...also we have allowed teddies or comforters in - something we would never have done without the training.... this has helped the Primary 1 children to settle".

Using the Solihull Approach to support attachment

Douglas, H.

Learning & Leisure Services, North Lanarkshire Council, Coatbridge, United Kingdom

Using the Solihull Approach to support dads in Shotts Prison to understand their children

Rheeston, M.

Learning & Leisure Services, North Lanarkshire Council, Coatbridge, United Kingdom

12:15 – 13:15 Poster Session

Poster Session 7: Evaluation and outcomes: scientific studies and early interventions

P167 The relationship between anxiety symptoms and sensory processing disorder in a preschool population

Liebman, E.M.1, 2, Foley, G.M.2, 3

1 School- Clinical Child Psychology, Ferkauf Graduate School of Psychology, Bronx, NY, United States; 2 NY Center for Infants and Toddlers, NY Center for Child Development, New York, NY, United States; 3 Institute for Parenting, Adelphi University, Garden City, United States

Differentiating between symptoms of sensory processing disorder (SPD) and anxiety in young children is a topic of interest and debate. The current pilot study examined the relationship between sensory modulation dysfunction and anxiety symptoms in a sample of 10 preschoolers (mean age = 3.80; 80% male; 80% identified as white or Caucasian) without comorbid autism spectrum, neurological or psychiatric disorders as measured on the Short Sensory Profile and the Preschool Anxiety Scale. Parents were recruited from two urban occupational therapy clinics and asked to complete the identified report measures. Overall, children who presented with more severe symptoms of sensory modulation dysfunction had significantly more severe symptoms of anxiety (but not within the clinical range). Although a predictive relationship could not be determined because of the small sample size, the correlation between the two measures was significant ($r = -.701$, $p < .05$). These results suggest that the symptoms of sensory processing disorder and anxiety are related and co-occurring in a population of preschool-aged children with non-comorbid sensory processing disorder. The findings have implications for diagnosis, future research and early intervention across the occupational and mental health professions.

P168 Short-term Psychoanalytic Child Therapy (PaCT)

Klein, A.M., White, L.O., Müller-Göttken, T., von Klitzing, K.

Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Leipzig, Germany

Introduction: Untreated clinical symptoms in early childhood not only impair the current psychosocial functioning, but can also heighten the risk for further psychological disorders in adolescence and adulthood. The pathogenesis typically includes environmental stressors with early neglect and maltreatment experiences as the most detrimental factors in the parent-child relationship. Current evidence-based therapeutic interventions in childhood focus on the improvement of this relationship by fostering parental sensitivity, mentalization as well as parent-child attachment in order to reduce child symptomatology.

Aims: The workshop presents theoretical and practical aspects of two manualized, evaluated psychotherapeutic approaches for young children in the US and Germany, which follow a psychodynamic tradition.

Description of the projects: The first program, Child-Parent Psychotherapy (CPP; Lieberman & Van Horn, 2004), presented by J.T. Manly/S. Toth, was conceived out of Selma Fraiberg's work (Fraiberg, Adelson, & Shapiro, 1975). It targets children up to 5 years of age who have experienced trauma. Through 9-12 months of weekly dyadic sessions with the caregiver and the child, the therapist utilizes the child's spontaneous play and naturally occurring interactions with the parent as a vehicle for understanding maladaptive relational patterns and addressing symptoms of traumatic stress. The second program, Short-Term Psychoanalytic Child Therapy (PaCT; Göttken & von Klitzing, 2013), presented by A. Keitel/S. Sierau is an emotion focused treatment for children between 4 and 10 years with internalizing symptoms. The intervention comprises 20-25 weekly sessions conducted in alternating settings. Therapist, parents, and child seek to identify and modify the central conflict theme underlying the child's symptoms and family dysfunction. During individual sessions with the child, the therapist with the child's help aims to work through his/her central conflict in free play.

Conclusions: Both approaches provide promising intervention strategies to foster the early parent-child relationship and to reduce internalizing symptoms of the child.

P169 Mindful parenting group training for mothers and their infants: A pilot study

Potharst, E.S.¹, Aktar, E.², Rigterink, M.³, Rexwinkel, M.³, Bögels, S.¹

¹ *UvA minds Academic Treatment Centre for Parent and Child, University of Amsterdam, Amsterdam, Netherlands;* ² *Research Institute of Child Development and Education, University of Amsterdam, Amsterdam, Netherlands;* ³ *OuderKindLijn Baby Toddler Expertise Centre, Medical Educational Centre 't Kabouterhuis, Amsterdam, Netherlands*

Introduction: To be able to react sensitively, a mother needs to be able to focus her attention to the infant, and be emotionally available. If she is exposed to stress, she needs to be able to regulate her stress-symptoms, so that she has enough mental resources to be able to recognize the needs of the infant. We hypothesize that when mothers of infants have stress complaints, a mindful parenting training is an effective intervention for improving stress-regulation, emotional availability, and quality of attention for the infant.

Aims of the study: To study the effects of a mindful parenting group training for mothers with infants.

Materials and methods: Mothers with stress complaints (n=20) and their 3-to-72 week-old infants participated in an 8-week mindfulness training in small groups of 6 mother-infant dyads. Eighty

percent of the mothers had psychiatric problems, 50% of the baby's had difficulties (like excessive crying), and in 50% of the cases there had been problems with pregnancy or birth (e.g. preterm birth). During the training, mothers learned to be attentive with their own experience and their baby's signals, to notice and regulate stressful emotions, and be kind to themselves.

Questionnaires on maternal and infant outcomes were administered just before and immediately after training, and at 8-week follow-up.

Results: All but one mother and baby completed treatment. At follow-up, there were significant improvements in mothers' well-being, psychopathology and parenting stress (medium effect sizes), maternal mindfulness, mindful parenting and self-compassion (large effect sizes), as well as in infant temperament (e.g. soothability; large effect size). Mothers' feelings of warmth toward the infant increased at post-test (medium effect size), but not at follow-up.

Conclusions: Mindful parenting is a promising intervention for mothers with an infant who experience stress.

P170 Sensitivity and attachment interventions in early childhood: a systematic review and meta-analysis

Briggs, H., Carhill, J., Mountain, G.

Healthcare, University of Leeds, Leeds, United Kingdom

A systematic review and meta-analysis of randomised controlled trials (rct) was conducted to determine whether early interventions are effective in improving attachment security and parental sensitivity. Electronic databases were searched 2002 onwards, to include English Language studies. All rcts delivered to mothers, fathers or carers, before their child's mean age was 36 months, via 1:1 support, group work or guided self-help were included. Study Selection, data extraction and quality appraisal were independently undertaken by two authors. Where appropriate, dichotomous data was pooled using the Manto- Haenszel odds ratio method and for continuous data and descriptive statistics were collected in order to calculate standardised mean differences. Four studies met inclusion criteria and were divided into two groups: North American & Canadian (NA&C) and South African (SA) based studies. Combining data from both groups indicates that early interventions improve attachment security and improves rates of disorganised attachment. One study provided data on the outcome of sensitivity which shows that early interventions were effective in improving maternal sensitivity at 6 and 12 months. Study results support the findings of a previous review (Bakermans-Kranenburg, Ijzendoorn, & Juffer, 2003) which found that early interventions improved attachment security and maternal sensitivity.

P171 Confidence building in infancy: An analytical study of infant emotional behavior patterns

Fisher, A.R.

Social Sciences/Psychology, Union Institute & University, Cincinnati, United States

Introduction: One aspect of social-emotional behavior is the level of confidence demonstrated by the infant. This study examined whether ethnicity, gender, temperament, and parental nurturing skills are related to infant confident behavior during situations of play and attachment/separation transitions.

Aim: The study served as the beginning test phases of reliability and validity for the 10-item FIOT™ (*Fisher Infant Observational Tool*), an observational assessment instrument created for use by parents and practitioners working with infants between the ages of 6–12 months. The FIOT is intended to measure confident behavior and is designed to be sensitive to infants and parents from bicultural contexts as well as from the dominant culture.

Methods: The sample included 77 infants and 77 parents from three cultural groups: African American, Caucasian American, and Latino/Hispanic American. Infants between 6–7 months and 11–12 months were observed within 3 different temperament groups.

Results: The FIOT demonstrated internal consistency reliability of .79 using Cronbach's alpha. Inter-rater reliability of the FIOT was measured by percent agreement (items ranged from 87.5% to 100%) and Cohen's Kappa (items ranged from .63 to 1.0). The utility and content validity of the FIOT was examined through conducting a focus group with parents. The analyses showed a relationship between the infant's FIOT score and two variables, ethnicity and temperament. Infants from the dominant culture and those with easy temperaments showed higher levels of confident behavior. No significant relationship emerged between the FIOT and gender or parental nurturing skills.

Conclusion: The objective of the current investigation was to identify infant emotional behavior patterns and provide adults with a unique tool that would help assess early behavior and perhaps redirect the onset of negative patterns during infancy. Continued research on the FIOT is recommended.

P172 Integrative intervention for occupational therapy: parental sensitivity and school aged children with ADD or ADHD and executive dysfunction

Reshef, H., Shoier, S.

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In the last decade, a growing body of knowledge has revealed relations between ADD/ADHD and executive dysfunction. Consistent with Bronfenbrenner's ecological model, ADD/ADHD and executive dysfunction reflects in child participation. Occupational therapy focuses on engagement in activities to improve participation; therefore results can be seen in specific skills (e.g, EF) and in overall behavior (ADD/ADHD symptoms). However, only a small number of interventions aim to guide the process, perceive the EF as sets of complex abilities, and are aimed either to the child or parent. Therefore a need has emerged to outline an integrative OT intervention for school age children with ADD/ADHD and executive dysfunction.

The intervention aims to mediate the gap between the child's abilities and his parents' and teacher's expectations. Accordingly, the participants are child, his parents and teacher. This project outlines the theoretical knowledge on which the intervention relies on, and fully details every one of the nine therapy sessions and their clinical reasoning. The intervention will apply in three domains: firstly, direct therapy with the child in the clinic (with the presence of his parents) focusing on EF and daily performance, guided by the Cognitive Orientation of Occupational Performance (CO-OP) (Polatajko & Mandich, 2004) principals. EF are perceived according to Gioia et al (2000) as two hierarchical indexes: behavioral regulation (including: inhibition, shifting and emotional control), and meta-cognition (including: initiation, working memory, planning/organizing, organization of materials and monitoring). Secondly, home intervention with parental guidance that focuses on increasing sensitivity according to Ainsworth's (1974) terminology: awareness of the child's signals, interpretation and appropriate response by educating principles of activity analysis and gradually setting the right challenge for the child. Finally, the teacher is involved as an active participant, setting one of the therapy goals and is guided in school to transfer strategies to the classroom.

P173 Stressed mothers – problematic children? How mothers' stress, social support and parental self-efficacy contribute to children's problem behaviour among a longitudinal RCT trial of disadvantaged German families

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Introduction: Stress in parents is known as one important factor for children's problematic behaviour. Additionally, parental self-efficacy (PSE) and social support are aspects that may protect mothers from high levels of general stress. As shown in former research about the German home visiting program "Pro Kind", social support, PSE, and stress can be positively influenced by the early intervention.

Aims: The aim was to test a comprehensive model predicting children's problem behaviour by maternal stress, social support and PSE simultaneously over time. Additionally, intervention effects on the underlying mechanisms were assumed.

Method: From "Pro Kind", an adaption of the Nurse-Family Partnership (NFP) program, a sample of $n=755$ socially and financially disadvantaged first-time mothers were interviewed at five measuring times from pregnancy up to the children's second birthday. Mothers were assigned randomly to treatment group (TG, $N=394$) or control group (CG, $N=361$) We assessed maternal general stress, social support, and PSE longitudinally, as well as child behaviour problems at two years postpartum, all via mothers' self-reports. Multi-group Structural equation modeling was used to predict children's total CBCL scores by the longitudinal interrelation of social support, PSE, and stress in mothers in TG and CG.

Results: The model provides a moderate overall fit with maternal stress being a significant predictor for children's problem behavior in both groups. In the CG social support helps mothers to be less stressed, whereas in the TG PSE has a protective effect on mothers' stress levels.

Conclusion: Maternal stress contributes to children's problematic behaviour. Social support is an important interpersonal resource for at-risk first-time mothers from CG to reduce general stress. In TG the "Pro Kind" home visiting program strengthens mothers' intrapersonal parenting competencies, which helps mothers to cope with stress more independently.

P174 Short term results of the Incredible Years Parents and Babies program – a randomized controlled trial of a universal intervention in Denmark

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There is a growing interest in early intervention and different programs for parents of newborn infants are being implemented in Danish municipalities. The aim of this trial is to evaluate the effects of the parenting program the Incredible Years Parents and Babies program (IYPB) on child and parent well-being. IY Baby is a group-based programme for parents with infants aged 0-1 year. The goals are to promote parental competencies and strengthen parenting confidence and parent-infant attachment. In the eight-week programme, six to eight parents (ideally both mothers and fathers) attend with their babies and participate in hands-on role plays and exercises with their own babies. Usual Care consists of different kinds of support e.g. nurse health visits, family therapy, Marte Meo, and a contact person. Parent and child outcomes were assessed by interviewers at home visits at T1-baseline, T2-post intervention (around 20 weeks post baseline)

and T3-when the child is 18 months old. The primary outcome is parenting confidence measured at T2 by the Karitane Parenting Confidence Scale and Parental Stress Scale. Secondary outcomes include measures of parent health (Major Depression Inventory), reflective functioning (Parental Reflective Functioning Questionnaire), relationship with the infant (Mother and Baby Interaction Scale, and a 15 minute video), and infant development (Ages and Stages Questionnaire - Social-Emotional).

Health visitors in two municipalities recruited 112 families - mother mean age 29.3 and father mean age 30.6 - with infants – mean age 1.5 months at baseline. Families were randomized to IYBP (75) or Usual Care (37). Preliminary analyses indicate that there is no difference between the two groups on any of the outcomes. However, when looking at the lowest performing mothers at baseline there might be indications of a negative effect of the program.

P175

How are you now? Follow-up study of the children who have attended an early childhood unit consultation in 2008, 2009 and 2010

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Introduction: The systematic research in this early age is still very limited and there is little information about the future impact of psychopathology diagnosed at this age.

Objectives: The aim of this study is to know, through five years follow-up, what is the evolution of the children whose first observation took place in this unit in 2008, 2009 and 2010.

Methods: The sample used in this study consists of children aged from zero to three years old whose first observation took place in UPI in 2008, 2009 and 2010.

The data used to characterize our sample were obtained by consulting the clinical record.. An interview with the main caregivers was made, by telephone, which involved applying an appropriate follow-up questionnaire, which included completing the SDQ scale - version for parents. The results were submitted to a statistical analysis using SPSS

Results: The rate of responders was approximately 64%. From those, 91,6% are satisfied with the quality of the service provided and 85% refer to clinical improvement of the child.

According to DC 0-3R, Relating and Communicating Disorders was the most common diagnosis on Axis I (19,3%), and Underinvolved relationship was the most frequent one in Axis II (18,8%). 31,8% had abnormal results on SDQ, and there was a significant association between Regulation Disorders of Sensory Processing and abnormal results on SDQ hyperactivity and behavior problems subscales.

Conclusion: Early and adequate intervention seems to have an important and positive impact in prognosis of the children referred to an early childhood psychiatry consultation.

Children diagnosed with Regulation Disorders of Sensory Processing before the age of three seem to have more behavior and hyperactivity related problems during school years.

P176 Circle of Security Parenting : Results from a first pilot study in Quebec, Canada

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The parent-child relationship is recognized as the most influential system regarding the child's development (Cicchetti & Valentino, 2006), with secure attachment considered a major protective

factor (Sroufe et al., 2005). The Circle of Security Parenting Program (CoS-P - Cooper et al., 2009) aims at enhancing secure attachment through, targeting parent's sensitivity and attachment representations. CoS-P has been administered for the first time to a small group of community mothers of preschool aged children in the Montreal area (Quebec, Canada). The purpose of this pilot study was to assess the effects of the program on mothers' parental affective experience, reflective functioning, and perception of their child. 4 mothers were administered the Parent Development Interview (Reflective functioning, affective experience), Parental Stress Index, and Child Behavior Checklist following a pre, post, and one-year follow-up pre-experimental design. Parental positive affective experience increased for 3 mothers and remained stable for one. Child's positive perception by mothers increased for 2 mothers, remained stable for one and decreased for another. Parental stress decreased for 3 mothers and remained stable for one. Reflective functioning increased for one mother and decreased slightly for the 3 others. Group results show a significant decrease in child's internalized problems. Follow-up results are being collected and will be available for the conference. This pilot study presents interesting change indices, suggesting that changes in parental affective experience precede positive changes in reflective functioning, and that children's emotional difficulties may decrease following the group intervention. More studies including a greater number of participants are needed in order to assess the impact of the program on the mothers and their children.

P177 Structural/Functional Brain Integrity of Children with Fetal Alcohol Syndrome, and Treatment Modalities that Worked

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Introduction: Abundance of research findings exhibit complex and multilevel developmental retardation among children with Fetal Alcohol Syndrome (FAS), mimicking many disorders within multiple developmental systems: regulatory; somatosensory processing; relational and psychosocial; and cortical/executive functioning.

Aims of the study: Purpose of this workshop is to determine the damages done to the structural and functional integrity of the brain in young children diagnosed with fetal alcohol syndrome, and significant improvements made within six months using early mental health intervention modalities of child-Parent Psychotherapy (CPP), and Mindful Parent Education (MPE) with a group of young children and their caregivers, respectively.

Results: Successful mental health interventions for children with disorders on the fetal alcohol spectrum are extremely limited in the literature. In this workshop, the attendees will be introduced to a research study that used a battery of tests to assess four brain functioning systems of alcohol-exposed young children. Using pre-post evaluation methods, the results showed substantial developmental improvements due to the mental health treatment intervention methods applied for a period of six months. Relationship between epigenetics and genetics in symptom presentation and treatment intervention outcome will be explored, preventive measures will be discussed involving audiences' input.

Conclusions: Outcome and limitations will be discussed with the audience, as they will be engaged in offering ideas and suggestions for an improved future study. Participants will be engaged to: (1) identify key categories of structural and functional brain malfunctions due to prenatal exposure to alcohol; (2) identify distinctive four-brain functioning systems; (3) discuss a vision of early intervention for children prenatally exposed to alcohol that includes both reduction of pathology as well as enhancement of wellbeing and optimal health; and (4) through examples, audience will be invited to engage in identifying the symptoms, the needs, and required services.

P178 Long-term pharmacotherapy in ADHD children and MRI findings and spectroscopic data in the prefrontal and occipital lobe and in the basal ganglia of ADHD and healthy children.

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a disease with heritable and perinatal etiology. We studied a group of 30 ADHD children (15,6+/-2,5y/o, 3 girls, scales used - CPQ, CBCL, CDI, CMASPR). They were treated for at least five years by methylphenidate or atomoxetine in common doses and MRI + MRS were implemented at least 3 weeks after pharmacotherapy termination. 30 healthy controls (mean age 16.5 ± 1.8 y/o, 6 girls) were examined by the same clinical and MRI protocols.

Material and methods: MRI: at 3 T whole-body MR system equipped with Tx/Rx headcoil. PRESS sequences with TR/TE = 5000/30 and 135 ms were used in the left and right putamen and surrounding area in the basal ganglia with the volume of interest of 11.2 ml. For the spectra quantification, segmentation to the white and grey matter and CSF content was done using T1-weighted MPRage imaging sequence (TR/TE = 2300/4.43 ms, 1 9 1 9 1 mm voxel size). Results of MRS show that although the patients were treated in the long term by psychostimulants or atomoxetine their metabolite profile in the basal ganglia is not affected. On the other hand, they have significantly thicker gray matter in the prefrontal and occipital area. Metabolite concentrations were calculated using the LCModel technique. Data evaluation was done using standard statistic tests. Grey and white matter surfaces were reconstructed from T1-weighted images using the standard FreeSurfer image processing stream. No significant differences were found between patient and control groups in any parameter.

Conclusions: MRI and spectroscopic examination of basal ganglia and prefrontal and occipital areas bring the same results in healthy children and ADHD children treated for a long time. The study was supported by projects IGA MHCZ NT14177 and MHCZ-DRO 00023001IKEM.

P179 The City Infant Faces Database: A Validated Set of Infant Facial Expressions

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Introduction: Adults need to be able to process infants' emotional expressions accurately to respond appropriately and care for infants. However, research on processing of emotional expressions of infant faces is hampered by the lack of validated stimuli. While there are many sets of photographs of adult faces available to researchers, there are no sets of photographs of infant faces.

Aim: We therefore developed and validated a database of infant faces.

Methods: Parents were recruited via social media and asked to send photographs of their infant (aged 0-12 months) showing positive, negative and neutral facial expressions. A total of 195 infant faces were obtained and validated. To validate the images student midwives and nurses ($n=53$), and members of the general public ($n=18$) rated the images with respect to the facial expression, intensity of expression, clarity of expression, genuineness of expression, and valence.

Results: Based on these ratings, a total of 156 images with rating agreements of at least 75% were included in the final database. These comprise 61 photographs of positive infant faces, 54

photographs of negative infant faces and 41 photographs of neutral infant faces. The images have high criterion validity and good test-retest reliability.

Conclusion: This database is therefore a useful and valid tool for researchers.

P180 Change in internal working models of parents to children with developmental delay after a brief intervention: A pilot study

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Children with significant developmental delay are at increased risk for behavioural and emotional difficulties. This can be attributed to biological and environmental risk factors. The parents may lack adequate support, experience social isolation with grief and chronic concern for their child. This may lead to increased stress and a distorted perception of the child.

Aim: This pilot study investigates whether a brief attachment-based intervention (COS-P) will change the parent's internal working models (IWM) and thus their perception of the child's needs, as well as lower the parent's stress level.

Method: Five mothers and 2 fathers (age range 31 – 45 years) of 5 children participated. All but one were married, and their average educational level was bachelor degree. All children had mild to severe learning disability. Two children were diagnosed with epilepsy, 1 cerebral palsy and 2 with chromosomal abnormalities. The Working Model of the Child Interview – WMCI was administered to each parent pre and post intervention. Also, they completed questionnaires about perceived stress immediately before and 3 months after intervention.

Results: The sum score of the quality scales of WMCI increased from 16.6 to 17.4 indicating a more detailed, accepting and coherent perception of the child. Likewise, the sum of the content scales decreased from 4.7 to 4.2 indicating less worrying and anxiety. The scale for expressed positive emotions increased slightly. This change was only for 2 of the participants. Three were unchanged and 2 showed a lower score on the WMCI. Their stress level did not change.

Discussion: The results indicate that the COS-P intervention changed the internal working models in a positive direction for some of the parents. However, the very low number of participants in this project makes it difficult to conclude, but the missing or negative effect on the other parents will be discussed.

P181 Effectiveness' evidence of psychodynamic psychotherapy in developmental age

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Introduction: Psychotherapy helps patients to make sense of their distress, surmounting problematic situations. Particularly that with a psychodynamic approach, helps to identify and explore recurring themes and patterns in patients' thoughts, feelings, self-concept, relationships, and life experiences (Amman 2010; American Psychologist 2010). Whether a considerable research supports the efficacy of psychodynamic therapy in adults (American Psychologist 2010), it is still not the same for children.

Aims: To verify whether and how one year psychodynamic psychotherapy influences:

- 1) children's psychopathological indexes (by age and psychopathology type)
- 2) self-perception of parenting skills

3) patients' dealing with emotions

Material and Methods: 76 subjects (5-19 yo) recruited at Infancy Adolescence Family Unit of Padua, Italy, in one year time, were divided into two groups according to treatment (child psychotherapy or child psychotherapy plus parental support), basing on psychopathology' and/or dysfunctional parental couple's severity.

Tests Battery was administered at the beginning and one year after treatment:

1) Child Behavior Check List and Youth Self Report 11-18 (Achenbach, 2001)

2) Symptom Checklist – 90 - R (Derogatis, 1994)

3) Toronto Alexithymia Scale (Bressi, 1996)

4) Family Empowerment Scale (Koren, De Chillo e Friesen, 1992)

Results: After 12 months, lower levels of psychopathology and alexithymia were registered in both groups, especially for patients affected by anxious and affective disorders rather than psychotic ones. The best outcome was registered for patients aged in between 6-10 and 15-18 y. Parents, after 12 months, do not show differences in their self-perception of parenting skills.

Conclusions: One year psychodynamic psychotherapy resulted useful, particularly in certain age ranges and for certain disorders. This longitudinal research is still ongoing and aims to investigate whether, after longer time therapy, a good outcome for other patients categories and for self-perception of parental skills will emerge.

P182 Three viewpoints of “what works” in dyadic therapy

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In order to expand our understanding of the Haifa Dyadic Therapy Model (HDT), it is necessary to ascertain how this specific form of treatment leads to change and how the various factors inherent to this model relate to change. We approached the challenge of exploring the theoretical putative mechanisms of change in HDT, by examining parents' and therapists' subjective perception of factors assumed to bring about change in HDT in comparison with what the literature postulates to be at work in the model as well as the correspondence between therapists' and parents' perception of these factors. The participants in the study consisted of 102 Therapists practicing dyadic therapy according to the HDT model. 34 Mothers and 29 fathers who underwent dyadic therapy with their child also participated in the study. The study was conducted in three stages. In the first stage therapists known to work according to HDT were asked to evaluate the factors of change most important to the success of HDT in general. In the second stage therapists were asked to evaluate these factors with regard to two specific cases of treatment. In the third stage, the parents who participated in these HDT treatments were asked to evaluate what in their opinion were the most important factors which contributed to the success of their child's treatment.

Our findings indicated that the strengthening of the father child relation, was most important in the view of mothers and moreover that mothers showed a significantly higher preference for relation related factors than fathers. These findings have important clinical implications which may direct and focus the manner in which HDT is implemented. We believe that the inclusion of the participant's perspective of treatment is essential to broadening our understanding of therapeutic change.

P183 Effectiveness of steep intervention with german high risk mothers and their children from birth to preschool

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STEEP" (Egeland and Erickson, 2004), an attachment based intervention program, has been carried out with 112 young high risk mothers from their infants' birth to their second birthday. At infants age of 12 and again at 24 months quality of attachment has been assessed in Ainsworth Strange Situation with intervention group mother-infant pairs and in addition with 29 mother-infant pairs of a control group who received no STEEP intervention but standard German Child Welfare routines. STEEP group mothers scored significantly higher on a risk measure as compared to the control group mothers. At 12 months mother-infant pairs of the STEEP group were significantly more often rated as securely attached as compared to mother infant pairs of the control group. At 24 months mother-infant pairs of STEEP intervention group showed in tendency thither attachment security using Water's Attachment Q-sort as compared to control group mother-infant pairs. When we tested for attachment disorganization, mother-infant pairs of STEEP group showed significant less attachment disorganization at infants' ages of 12 and 24 months as compared to the control group mother-infant pairs (Suess, Bohlen, Carlson, Spangler, Frumentia Maier, under review). During a follow up at the children's age of 5 to 6 years we assessed behavior problems using the CBCL. Unfortunately we managed to contact only 8 families of control group and 35 families of intervention group. So we decided to compare all children being coded as disorganized vs organized at two years with respect to CBCL Scores assessed among the preschoolers. Disorganized children scored significantly higher on CBCL Total Score almost 4 years later, underscoring the importance of addressing attachment disorganization in early intervention program.

P184 The attachment-based parenting program SAFE® promotes father-child interaction quality (RCT)

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Introduction: Little focus is given on the effects of attachment-based parenting programs (Bakermans-Kranenburg et al., 2003; Taubner et al., 2013) on fathers, although fathers' sensitivity was found to be important for their children's attachment quality in a recent meta-analysis (Lucassen et al., 2011). SAFE® (Safe Attachment Formation for Educators; Brisch, 2007) is an attachment-based parenting program which aims to include both partners. It consists of 10 full-day group sessions starting prenatally and continuing through first year of life. It includes video-based sensitivity training to promote parents' sensitivity.

Aims of the study: A year ago, we presented promising findings for a subsample of N=41 (Quehenberger et al., 2015; Poster IAC 2015) indicating that fathers and children benefit from the SAFE® program regarding the emotional availability (Emotional Availability Scales, Biringen, 2008) in the father-child-dyad. Now that the intended sample size is reached, our aim is to corroborate these findings.

Material and methods: As part of SAFE® evaluation study (RCT), a non-clinical sample of N=87 fathers was randomly assigned to intervention (n= 54, Mage= 35.87 years, range= 17 to 48 years) and control group (n= 33, Mage= 35.55, range= 24 to 51 years). Fathers were videotaped for 20 minutes during a feeding interaction with their approx. nine month old child (SD= 2.57months) at

the University Hospital of Munich. Videos are coded by a blinded, reliable coder with the Emotional Availability Scales (Biringen, 2008). Inter-rater-reliability is assessed.

Results: A MANCOVA is used to compare the emotional availability in father-child interactions in intervention and control group considering important control variables e.g. age and child gender. Further cross tables are examined to analyse group differences in emotional availability zones.

Conclusions

Effects of the program on the emotional availability in father-child dyads in the full sample are discussed.

P185 Clinical, epidemiological and medical aspects in evaluating Bedouin and Jewish children with suspected autism spectrum disorder (ASD)

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In recent decades the worldwide prevalence of autism spectrum disorder (ASD) is rising almost exponentially without a clear known etiological explanation. Prevalence studies of ASD in immigrant and minority populations in western countries have consistently shown lower rates of ASD in those groups. Many different reasons might contribute to these differences in ASD prevalence: ASD affects behavior and communication, two developmental qualities that are heavily influenced by cultural and social norms. Therefore what one culture sees as behaviorally or developmentally atypical or abnormal, the other may not. Culture disparity between examiner and patient/parent and the fact that ASD screening and diagnostic tools were all developed and validated in Western cultures may explain lower prevalence in minorities. Moreover, awareness, accessibility to diagnosis and treatment facilities, and stigma, may have additional effects on families of ASD children from non-Western cultures. The Bedouins are a traditionally nomadic population of Arab descent who live in the south of Israel (the Negev). Most Bedouin children who are suspected of ASD are referred to the Early Childhood Psychiatric Clinic in Soroka Medical Center, Beer-Sheva. This offers an opportunity to compare clinical, epidemiological, and medical aspects in the evaluation of Bedouin and Jewish children and families who differ on many social and economic factors. In the last few years, and in collaboration with the Israeli Ministry of Health, we analyzed the prospective and retrospective data of Bedouin and Jewish children, collected during an evaluation process. In this workshop, we will discuss similarities and differences in the identification and the manifestation of the disorder in these societies. Our findings contribute to the understanding of the complex interplay of genetic and environmental risk factors in ASD and help to promote professional services that are culturally sensitive.

P186 Can we effectively screen for neurodevelopmental difficulties in the very early years? A consideration of methods and timing.

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Introduction: It can be argued that early intervention in, and therefore early identification of, neurodevelopmental difficulties is optimal for long-term outcomes. It remains to be established how early and how best we can reliably screen for such difficulties.

Aims: To explore how early we can screen for neurodevelopmental difficulties using data from a range of high quality research studies using cohort data and data linkage.

Material and Method: We present a consolidation of findings from across our research programme to facilitate debate on the above question. These include comprehensive analyses of video observations of parent-child interactions at one year of age from the ALSPAC study; examination of birth records and child health surveillance data from the first 2 months of life in relation to Strengths and Difficulties Questionnaire (SDQ) scores at 5 years (ChILD study); exploration of augmentation of child health surveillance practice with structured checklists and its impact on health visitor decision making at 13 months.

Results: We have found that existing administrative data and health visiting practice are reasonably good at identifying children who need extra support, but that this is enhanced with the use of formal and more detailed measures. Neither known data alone, nor professional 'hunch', are sufficient in the very early years - the use of observation checklists and formal screening instruments enhances identification of problems and professional decision-making.

Conclusion: Our data leads us to argue that screening in the very early years is potentially useful, with careful attention to methods and timing required.

P187 Enhancing home visitors' skills with an infant mental health approach

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Introduction: This workshop presents findings and methodological issues from an evaluation of an intensive training in the FAN (Facilitating Attuned Interactions) model for home visitors. Based on infant mental health principles, the FAN model was developed by the Fussy Baby Network at Erikson Institute in Chicago. FAN training was delivered to home visitors and supervisors of nine Healthy Families America programs in Illinois over an 18-month period. It began with a 2-day, in-depth training followed by 18 months of on-site training and consultation once or twice a month. Staff also received support from on-site infant mental health consultants and developmental specialists.

Aims of the study: The evaluation sought to understand the impact of the training on home visitors' practices from the perspectives of home visitors, supervisors, and program participants.

Methods: Using a quasi-experimental, mixed-methods design, we assessed staff engagement, reflective capacity, and skills through surveys, interviews, and focus groups, beginning before the onset of training and continuing through the full 18-month consultation period. The study also included a non-training comparison site.

Results: Findings indicate that a large majority of home visitors implemented the FAN model in their practices. Quality of implementation varied, depending on several factors, including program support and staff previous experience and training; e.g., less experienced home visitors found it easier to adopt and implement the approach than more experienced staff. The research team also experienced several methodological issues in studying the impact of a lengthy training for home visitors, including staff turnover and program participant attrition.

Conclusions: Study challenges provided valuable lessons for training and evaluating workforce development initiatives. After presenting the findings and methodological issues, we will discuss their implications for building the capacity of home visitors to work with high-risk families and ways to address research issues.

P188 Interaction Immersion improves the quality of the parent-child relationship

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The Turku Association of Mother and Child Home and Shelters has developed a mentalization-based intervention called Interaction Immersion for high-risk families of small babies. The intervention focused on parents' ability to empathize and reflect their child's experience. Different activities and experiences were emphasized in the intervention. The activities were based on the suggestion that different sensations have central role early interactional experiences. The intervention helped parents to reflect, to be more aware of the sensory environment and to consider their own actions with their baby. The study aimed to explore the effectiveness the intervention on three parent-child relationship components; parental experience, parent-child interaction, and child behavior. Study included six dyads. The parents' psychological well-being, self-efficacy, attachment history, reflective functioning and the quality of parent-child relationship was evaluated using methods including BDI, GAD-7, PBI, PRFQ1, SEPTI-TS, WMCI, and PCERA. The evaluations were conducted at the beginning and at the end of the intervention, and 6-months after the intervention had ended. Results showed that the intervention both increased the quality of parents' representations and supported the change of representations from a non-balanced to a balanced attachment category. After the intervention parents also estimated that their parenting self-efficacy was higher than at the beginning of the intervention. In addition, the quality of parental behavior and dyadic functioning in the parent-child interaction was improved after the intervention. No effect was found on child behavior. These preliminary results show that Interaction Immersion improves the quality of the parent-child relationship in high-risk families when the dyads are motivated both to participate in the intervention and the study.

P189 Understimulation in autism spectrum disorders: what came first?

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Introduction: Autism Spectrum Disorders (ASD) are known to be heritable and heterogeneous, with various epigenetic factors influencing those at risk, to develop the disorder. After conception and during stages of development, typically there seems to be a gene-environment interaction making vulnerable children exposed to environmental insults present with a wide variety of symptoms ranging from the core features of social cognition deficits, speech and language delay and restricted, repetitive interests to having associated comorbidities and behavioural problems.

Aim: Among the many environmental factors like perinatal insult, chemicals, food products, immune dysfunction, etc., which seem to play an important role, understimulation in the early stages of brain growth may also predominantly contribute. In our study which included 35 children with ASD (3-9 years age), there was understimulation in 12 children which we probed as a possible reversible factor indicating better short term outcome.

Description of work: Understimulation in Indian families of children with autism, seem to result as a consequence of multiple factors – nuclear families, social isolation, migration, working mother and maid as the primary caregiver, excess television time ranging from 4-12 hours a day, caregiver burden, poor knowledge of the disorder and inadequate stimulation techniques. Educational and financial status of the parents did not seem to play an important role. After intervention which also included parental psychoeducation and parent empowerment to deal with

specific issues related to understimulation, there was significant clinical improvement noticed in children with understimulation.

Conclusions: We hypothesize that good parenting and adequate stimulation during early stages of development, universally should be practiced as this will have great impact on reducing the causation of the disorder in those infants at risk of autism.

P190 Evaluation of Group Meetings on Parenting by Mothers of Infant Experiencing Childcare Difficult

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Introduction: It is important to support parents at the stage which there is some risk of child abuse or maltreatment during pregnant or infant.

Aim of the study: The study aimed to evaluate the effectiveness of a parenting and mothering group for childcare problems or child maltreatment.

Material and methods: 1. *Subjects* Mothers attending a parenting and mothering group named 'parenting room' for childcare for childcare problem or child maltreatment. 2. *Data Collection* We offered a weekly group sessions, each lasting 2 hours. Also we examined the questionnaire at the first or second attending (as of early attending) and 5th. times or more (as of continually attending). The questionnaire consisted of Childcare Difficulty Subscale of Support Parenting Scale developed by Japanese Comprehensive Child Research Center, Edinburgh Postnatal Depression Scale (EPDS) and Necessary Conditions for Comfortable and Safe Place Scale and so on. Consent was obtained to record the discussions, and 1 stenographer recorded the discussion. A verbatim record was created of the discussions.

Result: Scores of Childcare Difficulty Subscale and EPDS as of continually attending are significantly lower than scores of them as of early attending respectively. Score of Necessary Conditions for Comfortable and Safe Place Scale as of continually attending is significantly higher than scores of it as of early attending. Content analysis of the discussions revealed that when one mother started talking about childcare difficulties, this triggered the remaining mothers to discuss similar episodes and related thoughts in a mutually supportive manner.

Conclusion: Mothers were mutually supportive and able to view themselves objectively. Also it seems that this parenting and mothering group is effective to relieve their childcare difficulty and anxiety.

P191 Neural correlates of emotion processing in traumatized children: the effects of eye movement desensitization and reprocessing (EMDR)

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Introduction: Early traumatization decreases the functionality of cerebral regions related to emotion processing. With respect to the therapeutic approach with traumatized children, several studies have provided evidence for the clinical efficacy of EMDR (Shapiro, 1989). EMDR allows to access traumatic memories that are dysfunctionally stored, transforming them into adaptive ones by stimulating the neural processes of memory consolidation. EMDR protocol requires the subject to focus on traumatic memories, while simultaneously being exposed to alternating bilateral stimulation (eye movements, tactile taps, or auditory tones). Once the memory retention of the

traumatic event can move from an implicit subcortical status to an explicit cortical one, the traumatic memories and their related emotions can be elaborated at higher cognitive level.

Aims of the study: We aim to provide an overview on the effects of early traumatization on the processing of emotions in children, with a focus on the neurobiological effects of EMDR therapy.

Material and methods: We have examined the body of scientific literature on the neural correlates of emotion processing and the efficacy of EMDR in children.

Results: Neuroscientific research shows that maltreated children have poor discriminatory abilities for different facial emotions and misinterpret all emotional faces as being threatening or as a mask for more malevolent emotions. A hdEEG study has documented that, after EMDR, traumatized children show increased activity in areas implicated in high-order cognitive processing when passively viewing pictures of adults' emotional expressions (Trentini et al., 2015).

Conclusions: Traumatized children often experience a persistent emotional dysregulation, characterized by over- or/and underreactivity to emotional minor stimuli that would have no impact on non-maltreated children (van der Kolk, 2007). Neuroscientific research provides evidence for the effectiveness of EMDR in restructuring the cognitive processing of traumatic memories and their related emotions in children with histories of early maltreatment.

P192 Relationship-based early interventions: Developmental and behavioral outcomes for young children

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Introduction: Early parent-child attachment and responsive interactions critically influence children's development in behavioral, socio-emotional domains. Problematic early caregiving relationships are increasingly recognized as precursors of emerging psychopathology in very young children (e.g. VanZeil, Mesman, Van IJzendoorn, et al, 2006). Relationship-based early interventions are currently recognized as important interventions mediators in supporting and regulating parent-child interactions and improving developmental outcomes.

Aims of the Study: The aim of the current study was to evaluate the effectiveness of the relationship-based intervention to promote positive changes in the child's development and behavior, to enhance the quality of the parent-child relationship quality, to document family resources and supports, and to subsequently reduce parental stress.

Materials and Methods: The current study evaluates effects of a relationship-based intervention in a public mental health setting for 45 children ages birth to 5 (mean age 34.7 months) and their parents, all considered to be at high-risk for developing attachment related disorders.

Standardized measures included the Ages and Stages Questionnaire (ASQ) and the Parenting Stress Index-Short Form (PSI-SF) and were administered to assess children's developmental outcomes and changes in the parent-child relationship, in relationship to stress indicators and implementation of other coordinated services following the intervention.

Results: Decreases in parental stress and distress, reduction of identified developmental concerns were accomplished as a direct effect of the intervention. Total developmental risk as measured by the ASQ significantly decreased ($p < .05$). A regression of changes in child high risk factors, parenting stress, and the quality of the parent-child relationship was statistically significant ($R = .52$; $F(3, 35) = 4.39$, $p = .01$).

Conclusion: As parent and child risk factors decrease, parents rated the parent-child relationship quality more positively. This relationship-based intervention has important implications for very

young children and their families receiving mental health services with a primary focus on the pivotal role of the parent-child relationship.

P193 Early interventions for toddlers with developmental problems

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Introduction: The early years have an unique and formative impact on development, relationships and functioning throughout life. Studies have shown that, when there are identified risks and neurodevelopmental disorders in young children, well planned early intervention can promote optimal outcomes. Because of the key role parents play in the lives of infants and toddlers, therapeutic interventions with the child must include the adult. An important question in neurodevelopmental disorders intervention research is which specific child and family factors might be related to treatment results.

Purpose: Our aim was not only to make a diagnosis and an assessment of child's developmental issues, but also to help parents in better understanding their child's specific features, behaviors and needs.

Description: We present our 3 years of experience (2013 - 2015) with our Short-term program for early intervention with very young children. After an initial diagnostic stage 28 families with children aged 1 to 3 years were included in the short-term intervention program. Parents were offered series of 12 to 15 sessions, which were designed to encourage communication, behaviour regulation and to enrich play skills of the child, as well as to train parents in appropriate interaction with the child. Children and families were reassessed after 6 and 12 months respectively.

Conclusions: Clinical observation within the program sessions shows varying degree of positive dynamics in the functioning of every child, which can be interpreted as a result of influence of different factors (e.g. individual characteristics and resources of the child, parents and the family resources and etc.). The results of the follow up reassessment confirm these positive trends.

P194 The interplay between maternal emotion dysregulation and child emotional and social functioning in the context of a mother-child intervention.

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Aims of study: Maternal depression has shown to influence child behaviour problems at a very young age. Within the framework of the evaluation study about the attachment-based Circle of Security Intervention (COS), the current study focuses on depressed mothers' difficulties in emotion regulation and their effect on the expression of young children's behavioural problems.

Materials and methods: The sample of the COS study consisted of 76 mothers suffering from postpartum mood disorders and their infants (age: 4-9 months). Mothers were randomly allocated to the COS intervention or TAU group (each $n=36$). At baseline, maternal psychopathology (SCID-I, II; BDI; SCL-90) and emotion regulation (DERS) were assessed. After treatment, when children were between 16-18 months and again with 36 months of age, maternal emotion dysregulation and severity of symptoms were reassessed and children's behavioural problem scores (CBCL; DC:0-3) were evaluated.

Results and conclusions: It is hypothesized that children, whose mothers experience more difficulties in emotion regulation, will show increased behavioural problems, when controlling for

symptom severity and psychopathology. Further, it is expected that mothers of the COS intervention will show a decrease in emotion dysregulation, accompanied by lower behavioural problem scores of their child, than mothers of the TAU group. Results are supposed to help in understanding the relationship between maternal emotion regulation, attachment-based intervention, and child development. The implications for clinical practice with mentally affected mothers and their children are discussed.

P195 ACEs and PACEs: The development of the protective and compensatory experiences survey (PACEs)

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Large epidemiological studies have established a predictive relationship between Adverse Childhood Experiences (ACEs) and subsequent adult health and behavior (Felitti, Anda, et al., 1998). The ACEs model posits that childhood stress resulting from abuse, neglect and family dysfunction is biologically embedded in the immune, metabolic systems, and neurologic systems (Miller, Chen & Parker, 2011), resulting in impairments in emotion regulation and attachment (Danese & McEwen, 2012). We argue that research on the effects of ACEs should also include environmental conditions and relationships that mitigate the neurological impairments associated with ACEs. From the developmental literature we identified 10 Protective and Compensatory Experiences (PACEs) and have been piloting a questionnaire to assess PACEs. The PACEs survey includes items such as having a secure attachment to an adult, having a best friend, attending a good school, and having clear rules and boundaries at home. In parallel to the ACEs survey, the PACEs has ten “yes” or “no” items, one for each PACE identified in the literature. Evidence from multiple studies with over 1100 diverse participants indicates that the PACEs is a reliable and valid measure and is an excellent complement to assessing ACEs. Specifically, analyses indicate that PACEs is negatively associated with ACEs and positively associated with responsive caregiving, empathy, infant mental health awareness, and secure adult attachment.

P196 Impact of an Intervention Program Promotion Socio-Emotional-Learning through the Attachment Bond and context preschool education

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Introduction: The Socio-Emotional Learning (S.E.L.), defined as the required emotional skills to interact with others and self, is a mainstay in the childhood development. These competences are involved in the development of social skills, empathy, academic success, conflicts resolution and the general adaptation of the child, and will have an impact through all the vital cycle. During the last 12 years, CARE has developed the A.M.A.R.-Educational Program, for the encouragement of the security in the attachment, the socio-emotional development and the respectful care of child between three and six years in preschool and school.

Aims of the study: To analyze the results of the implementation of the A.M.A.R.-Educational Program in a private school in Santiago, Chile.

The program was implemented in all boys and girls in preschool cycle, that is a 270 children sample. We used an intervention design with measures pre and post intervention without control group. For the evaluation, the following instruments were contemplated: Child Behavior Inventory CTRF 1-5 and CBCL 1-5 (for evaluation of general mental health of children reported by the educational team and the caretakers, respectively), Self-Report Questionnaire SCL-90 (for

evaluation of mental health of educational team), STRS Scale (for evaluation of quality on emotional relation between educator and student), Self-Report of Socio-Emotional Wellbeing of the Child (for evaluation of socio-emotional competences of children), ASQ-3 and ASQ-SE (for evaluation of general and socio-emotional development of children), PSB-T Scale (for evaluation of behavior of bullying and aggression), questionnaire Parenting Stress Index Short Form (for measure of stress in caretakers), questionnaire of Beliefs about Raising and the ECERS-R scale (for evaluating the learning environment and care). The results will be compared before and after the intervention in the previously mentioned variables.

Results and Conclusion: Preliminary results will be obtained in March 2016.

P197 MOSES® therapy model – Impact of an attachment-based intensive care treatment of severely early traumatized children on parent-reported trauma symptoms

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Introduction: Attachment traumatization in children through their primary caregivers in the first years of life may lead to lifelong and transgenerational developmental disorders, considered „difficult to treat“ by professionals. The set of symptoms of attachment traumatization shows a wide range (e.g. brain-development disorder, behavioural and social emotional problems, attachment disorders). These impairments decrease life quality and health during the span of life of the patient as well as the following generations, emphasising the importance of developing an effective treatment.

Aims of the study: Development and evaluation of an attachment-based „psychotherapeutic intensive care unit“ for early traumatised children in order to break the circle of transgenerational transmission and promote physiological and psychological health. Specifically the impact on trauma related symptoms is investigated.

Material and methods: A longitudinal and matched-pair design with three groups (intervention group, intervention waiting-control group, “healthy” control-group) was applied.

The present sample consists of 6 to 13 year old severely early traumatized children (N= 19) and their families. These children are treated with an attachment-based intensive in-patient psychotherapy (MOSES® therapy model) over the duration of 6 months (+/-2).

To measure children's trauma symptoms parents filled out the Parents Report of Post-Traumatic Symptoms (Greenwald & Rubin, 1999) at the beginning and at the end of in-patient therapy.

Results: A repeated measures t-test showed a significant decrease of traumatic symptom levels pre and post intervention ($d=1.18$).

Conclusions: Preliminary results indicate a clinically significant reduction of parent-reported trauma symptoms in children in intervention group and therefore a positive effect of MOSES® therapy model. Comparing intervention group with the development of trauma symptoms in untreated traumatized children (waiting-control-group) will follow to further substantiate these promising results.

P198 Recruiting and retaining high-risk families in evidence-based home visiting programs

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Introduction: Current home visiting research suggests that higher risk families are more likely to engage in programs (Damashek et al., 2011), but may also be more likely to drop out of programs

(O'Brien et al., 2012; Roggman et al., 2008). This paper examines the reach and retention of three different federally funded home visiting programs in Washington, DC.

Methods: Data were obtained from the mixed-methods DC-MIECHV evaluation examining implementation of Healthy Families America (HFA); Parents as Teachers (PAT); and Home Instruction for Parents of Preschool Youngsters (HIPPY). Secondary analysis of the state administrative records provided data about 450 families enrolled from 2012 to 2015, including demographic characteristics and results from seven standardized screening tools assessing psychosocial risks. Semi-structured interviews were conducted with families who dropped out and remained in the programs.

Results: Programs enrolled the targeted high risk families: 88% lived in poverty, 79% were at risk of substance abuse during pregnancy, 60% reported high-risk attitudes about parenting (AAPi), 44% reported high depressive symptoms, and 33% reported high risk for domestic abuse. Retention was a challenge. 56% of families withdrew from HIPPY, 53% from PAT, and 39% from HFA. Program withdrawal was associated with psychosocial risks (e.g., substance use), and protective factors (e.g., working full-time). Interviews with parents offered families' perspectives about the programs, and barriers to participating in the programs.

Conclusions: As the US seeks to expand evidence-based home visiting models to higher risk families, it is important to consider the goodness of fit between the families' life circumstances and the curriculum and model. These findings suggest that without a centralized intake system, high risk families may not be finding their way to services that can meet their needs.

P199 Enhancing parental Curiosity, Wondering and Joy: a mentalization-focused week-by-week pregnancy diary

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Introduction: Prenatal mentalization (P-RF) refers to a parent's curiosity towards the developing capacities and personality of the fetus-baby, and courage to consider expectations and different feelings related to becoming a parent. Higher P-RF is supposed to support stronger parental-fetal attachment, better health behavior, positive attitude towards parenting and better postnatal relationship with the baby.

Aim: Multidisciplinary expertise was used in developing a feasible but focused pregnancy diary to enhance P-RF. The diary was designed so that it can be used totally privately or shared with a professional.

Description: The main sections included for each pregnancy week regard the following issues: selected up-to-date information of embryonal/fetal development, physical and psychological changes in the mother, practical tips to enhance the mother's and the baby's well-being, and RF-focused questions and small tasks with increasing complexity towards the end of pregnancy. The last mentioned section regards thoughts and feelings related to the fetus-baby, relationship with her/him, being pregnant, becoming a parent, and own childhood experiences.

Both a mother and a family version of the diary exist. The versions are currently tested among pregnant mothers with substance abuse or depression, and with normative families. Feedback data is collected with a questionnaire designed for the purpose, both from families and from professionals using the diary in different settings. Research data regarding the impact of the diary on f.ex. pre-and postnatal mentalization, maternal-fetal attachment and postnatal bonding is collected from depressive and substance abusing mothers.

Conclusions: in the presentation, the process of developing the diary and different RF-enhancing elements are described in more depth. Feedback data from the families and from the professionals as well as some preliminary research data are presented. The potential impact, applicability and best ways of implementing the tool are considered.

P200 Nurture and Play – A RCT study of Mentalizing Based Group Intervention for Depressed Pregnant Mothers

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Introduction: Maternal prenatal depression may be more common than postnatal depression. Psychologically it may reflect a state of psychic equivalence where an inner negative worldview is equated with outer reality, and curiosity about mental states as well as emotional bonding with the fetus may be reduced. Own attachment history may serve either as a protective or vulnerability factor in this transition into motherhood. Thus, understanding the role of adult attachment, prenatal reflective functioning (P-RF) and the developing emotional relationship with the fetus among depressed pregnant mothers was considered relevant when planning this intervention.

Aims of the study: To study the 1) interrelations of adult attachment, P-RF, and emotional availability during pregnancy, and 2) to study the effectiveness of a mentalizing based group intervention called Nurture and Play (NP) on maternal RF and emotional availability.

Material and methods: The study group consisted of 45 depressed mothers (gw M= 22, SD=3) screened from the well-baby clinics using EPDS (scores above 9/10). AAI, PI and a videotaped mother-fetus interaction, scored with a modified version of EAS (4th ed) scales, were used during pregnancy, and PDI and EAS were measured at 1 years. After randomization, 18 mothers participated in the intervention. NP is a manualized intervention consisting of 11 group meetings (4 during pregnancy and 7 between 3-6 months) utilizing mentalizing and interactional (Theraplay-based) components.

Results: The preliminary results show that 56% of the depressed mothers had insecure or unresolved adult attachment styles, and their mean level of P-RF and Emotional Availability were below typical during pregnancy. The main results on effectiveness indicate improvement in both reflective functioning and maternal sensitivity at the age of 1.

Conclusions: These results of this RCT study suggest that Nurture and Play – Group intervention may be successful in improving depressed mothers reflective functioning (RF) and emotional availability.

P201 Families First. Evaluating the efficacy of a mentalization-based group intervention for first-time parents

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Introduction: Families First evaluates the efficacy of a new mentalization-based group

intervention for normative first-time parents with their babies. At present, the intervention is piloted in primary social and health care units in Finland.

Aims: The intervention aims to support child and family health, to support well-functioning models of parenting and prevent transmission of negative parenting models. The impact of intervention is evaluated by a web-based study involving 1189 parents. The evaluation will address the following questions 1. Are there significant positive effects of the group intervention; 2. Are these effects related to the mentalization focus of the intervention.

Material and methods: The efficacy of the intervention is tested through a matched control group design using the propensity score technique comparing 150 intervention parents with 1 000 controls. Both intervention and control parents are recruited from the cost-free maternity clinics all over the country. The parents are assessed by standardized questionnaires (mentalization, parental stress, depression).

Results: To date 967 parents have answered the pregnancy questionnaires (629/338). 21.9 % of the mothers and 9.7 % of the fathers reported depressive symptoms during pregnancy. At 3 months 28% of the mothers and 25 % of the fathers report the first months with the baby as more difficult than expected. At 12 months 559 parents (413/146) have answered the questionnaires of which 79 have been involved in the group-intervention. Effects of the intervention will also be presented.

Conclusion: Groups with a universal focus for first-time parents will reach at risk parents and parents with a suboptimal parenting capacity who wouldn't become enrolled in targeted programs, but still benefit from the support. Most studies have focused on mothers and their infants with minimal participation by fathers. This research project will provide information regarding long-term effects of mentalization based parental groups, including fathers.

P202 Mentalization-based Families First intervention for first-time parents: A qualitative study of Parents' Perspective

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Introduction: In order to study parents' perspective of mentalization-based Families First intervention, a qualitative study was conducted. The first aim of the study was to look into the benefits parents describe after attending the intervention. A second objective was to investigate if there are signs of mentalization in the benefits that parents describe.

Material and methods: **Families First is a structured, mentalization-based parent group intervention for first-time parents.** Parents' experiences were collected by a web-based questionnaire during years 2012–2014. 550 parents (367 mothers and 183 fathers) completed the questionnaire after attending parent groups. The questionnaire contained several open questions. Analysis of the data concentrates on the parents' responses to six open questions. Analysis is done by qualitative thematic analysis and is still in process.

Results: According to this study, parents perceive five main benefits of the intervention. Preliminary results suggest that (1) parents felt that the intervention enhanced their understanding of their baby and his/her needs. **(2) Parents also gained understanding of their own thinking and parenthood. (3) Parents reported that after attending the parent group they understood that their own emotions and reactions affect the baby and also the other way around. (4) The importance of getting peer support was often reported. (5) Parents also described that it was important to participate in the group as a family.** Preliminary results also indicate that there are signs of mentalization in the data. They will be reported in more detail in the workshop.

Conclusion: This study implies that first-time parents benefit in various ways from the parent groups. It also seems that mentalization is present in parents' answers. Parents' voice seems to support the idea of organizing mentalization-based intervention for first-time parents.

P203 Screening for Autism since the First Months of Life with PREAUT Grid: a French Study in Infant Health Centers (PMI)

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Introduction: Autistic spectrum disorders (ASD) are usually diagnosed after the third year of life. However, earlier treatment means better prognosis. Some screening tools have been developed to detect autism earlier. Yet, as family home movies and siblings studies report very few consistent signs in the first year of life, screening at this age represents a challenging issue today.

Aims of the study: PREAUT research tested a clinical tool to screen infants during the first year for ASD risk. This short grid focuses on emotional and interactive dynamics: the infant's spontaneous motivation to be an object of pleasure/interest for his/her mother/caregiver.

Methods: A large prospective study was launched from 2005 to 2013 in 10 French departments. More than 12,300 infants were screened by pediatricians in infant health centers (PMI) at 4, 9 and 24 months. PREAUT grid was used at 4 and 9 months and the CHAT (Checklist for Autism in Toddlers) at 24 months. Infants who were positive at any examination were proposed a therapeutic follow-up, an evaluation between 24 and 36 months, and were then followed to assess clinical evolution and integration at school. Outcome of 1000 random infants who were negative was also performed to estimate sensitivity.

Results: 4835 infants completed all examinations. Positive score at PREAUT grid significantly predicted later positive score at the CHAT. PREAUT grid reached a Positive Predictive Value (PPV) of 26% at 4 months and 36% at 9 months. This is better than existing tools at 12 months. Combining autistic spectrum disorders and other neurodevelopmental disorders (e.g. intellectual disability), Positive Predictive Value reached approximately 50 %. Sensitivity was estimated between 40 and 50 %.

Conclusions: PREAUT grid proves to be a simple to use and accurate tool to screen systematically very young infants for autism.

P204 The NIDA project – Italian Network for Autism Spectrum Disorders

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Introduction: Since the diagnosis of ASD is based on behavioral symptoms and early diagnosis of ASD still remains a challenge, research into early biomarkers of ASD might provide an objective measure of underlying pathological mechanisms. Prospective studies on younger siblings of children with ASD, who are at increased (20%) risk of ASD, represent a valid method for studying how ASD develops over time and identifying early signs of the disorder, in order to provide children with a timely treatment.

Aims of the project: The NIDA project is a multi-site prospective longitudinal study. Four health-care centers from different regions of Italy are involved. The aim of the project is twofold: expand

our knowledge of the first stages of ASD and monitor the development of siblings at risk for ASD, from birth to 36 months of life.

Description of the project: Families, who already have a child diagnosed with ASD are enrolled in the study during pregnancy. The project is composed of two different protocols.

The experimental protocol:

1) analysis of the acoustic pattern of cry and the repertoire of General Movements (GMs) at 10 days and at 6,12,18,24 weeks of life.

The clinical protocol:

2) collection of length, weight and head circumference from birth to 36 months of life.

3) evaluation of cognitive, linguistic, social-communicative and adaptive development at 6,12,18,24,36 months.

4) analysis of DNA and RNA, extracted from samples of urine and saliva of the infant and his/her family members.

The same protocols are applied to a control group of low-risk siblings.

Conclusions: Our preliminary results showed the importance of monitoring high-risk infant development during the first six months of life. Preliminary statistical analyses show that specific motor and vocal patterns are predictive of diagnostic outcome and therefore have the potential to become early biomarkers of ASD.

P205 Infant's Spontaneous Engagement at 9 Months as Early Predictor of Autism Spectrum Disorder or Intellectual Disability in West Syndrome

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Introduction: West syndrome (WS) is a rare epileptic encephalopathy with early-onset and a high-risk of autistic outcome. There is a consensus that an earlier treatment of ASD means a better prognosis. Therefore an early prediction could be useful to know which infants should benefit from a preventive intervention.

Aims of the project: The research aimed to assess the risk following WS onset. PREAUT grid is a clinical tool build to screen infants for ASD risk during the first year; this short grid focuses on the infant's spontaneous motivation to be an object of pleasure/interest for his/her mother/care-giver and to engage in pleasant interactions (especially being gazed at or kissed by the mother or to share joy with her).

Methods: We prospectively followed 25 infants with WS, from disease onset, and assessed whether PREAUT grid at 9 months, and the CHAT at 18 and 24 months predicted ASD or intellectual disability (ID) outcome at 3 years of age. Outcome was assessed at 2 years by a medical examination, Brunet-Lézine (DQ test), and CARS, and after 3 years by ADI-R and CARS.

Results: Out of 25 infants, 9 were diagnosed at 3 years with ASD and 3 with ID. PREAUT grid at 9 months had similar prediction parameters (sensitivity=0.83; specificity=1) as the CHAT at 18 months (sensitivity=0.90; specificity=0.83) and 24 months (sensitivity=0.92; specificity=1). WS infants with a positive PREAUT screening at 9 months had a 38 times higher risk of having autism or ID at 3 years than children with a negative PREAUT screening.

Conclusions: PREAUT grid is a useful tool for a very early detection of ASD or ID risk in the context of WS. Further researches are ongoing to assess PREAUT grid in other contexts (e.g. infants at high-risk for non-syndromic autism).

P206 Application of PREAUT Grid to Premature Infants and Infants Siblings of Autistic Children

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Introduction: The scientific literature has agreed to the importance of identifying signs of risk for autism in increasingly younger ages in order to propose intervention as soon as possible. The PREAUT Protocol has been used in France and other countries, including Brazil, as a reliable tool for risk identification autism in babies.

Aims of Project: Our goal is to identify early signs of risk for autism, using the PREAUT protocol, in two samples cited as high risk for autism: premature babies and babies siblings of autistic children.

Methods: We are currently applying the PREAUT protocol in two cohorts of babies between 4 and 12 months: premature babies and other babies siblings of autistic children. The research was submitted to the National Committee of Ethics in Research, all families signing the Informed Consent to participate. All evaluations are videotaped and performed by the same professional trained for the application of PREAUT protocol.

Positive infants will be followed and rated with QDC, CHAT, and clinical examination.

Preliminary results: In the group of premature babies, so far we evaluated 50 premature babies between 4 and 9 months (corrected age) and only two babies showed signs of risk for autism. In the group of babies siblings of autistic children, we evaluated 15 infants and found two babies at risk for autism. These four babies are receiving a parent-infant intervention.

P207 Improvements in teacher-child interactions predict changes in children's behavior

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Introduction: Infant and Early Childhood Mental Health Consultation (I-ECMHC) to child care has been demonstrated to be an effective strategy, though research is less clear about the mechanisms by which improvements in child outcomes are achieved through consultation.

Aims: This study explores whether improvements in child pro-social and problematic classroom behaviors can be linked to increases in teacher sensitivity or decreases in punitiveness in the context of consultation.

Methods: Data were collected as part of an ongoing evaluation of an I-ECMHC program in which child care centers received six months of consultation. Trained research staff conducted structured classroom observations prior to the start of consultation and six months later. Data collection tools included the *Arnett Caregiver Interaction Scale* (CIS; Arnett, 1989), the *Preschool Mental Health Climate Scale* (PMHCS; Gilliam, 2008), and the *Child Behavior Frequency Count*. We utilized two scales from the CIS: teacher sensitivity and punitiveness. We measured child pro-social behaviors using a PMHCS subscale representing positive child interactions (e.g. showing concern and affection for peers, being cooperative). To represent child problematic behavior at the whole classroom level, we utilized a classroom count of observed behavior problems.

Results: Linear regression was conducted in a Structural Equations Modeling software package (LISREL 8.8; Joreskog & Sorbom, 2006) to permit modeling the association between teacher behaviors. Results suggest that significant decreases in teacher punitiveness predicts increases in prosocial behavior ($b=.34$, $t(108)=3.57$, $p<.001$) and decreases in classroom-wide problematic behavior ($b=.71$, $t(66)=2.99$, $p=.003$), while changes in teacher sensitivity were not predictive.

Conclusions: These analyses provide support for the theory of change that suggests that a key path to improved child outcomes is through improvements in teacher-child interactions, particularly decreasing teachers' harsh and punitive interactions with children.

P208 Can early childhood mental health consultation impact classroom-level behavioral problems?

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Introduction: The theory of change for Infant and Early Childhood Mental Health Consultation (IECMHC) hypothesizes that skills teachers gain through their work with mental health consultants can impact the behavior of all children in their classrooms. However research to date has focused on behavior changes of a specific focal child. In this study, we examined the impact of IECMHC on a classroom-level measure of behavioral problems to test this theory of change in a quasi-experimental design.

Materials and methods: The study sample included 1,366 young children in 130 classrooms from 26 child development centers. The majority of classrooms served low-income families from ethnic minority groups. Most classrooms (68.0%) served toddlers (1-3 year olds), while 17.6% served infants (newborn to 12 months) and 14.4% served preschoolers (3-5 year olds).

Classrooms varied in their "dose" to consultation, based upon the availability of services (i.e., full year, partial year, or minimal consultation). Children's behavior was assessed in the Fall and Spring of school year 2014-2015. Teacher-reported outcome data were gathered using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1999). An index of the burden of behavioral concerns was computed for each classroom.

Results: Results from a repeated-measures Generalized Linear Model revealed that change in child behavior from Fall to Spring differed based on dose of IECMHC, $F(2, 119) = 17.93$, $p < .001$. Classrooms that received a full year of consultation showed a decrease in the burden of behavioral difficulties, whereas classrooms with a partial year showed a slight increase and classrooms with minimal consultation showed a larger increase.

Conclusion: Skills gained through IECMHC appear to generalize to improvements for populations of high risk children in urban child care programs. These findings underscore the potential multiplier effect of embedding an infant mental health specialist in child care settings.

P209 Developing and testing a school-based early childhood mental health consultation model

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Introduction: Most of the research on early childhood mental health consultation (ECMHC) has been conducted in child care programs. With increasing numbers of states in the US expanding

access to publicly-funded pre-kindergarten to children 3 and 4 years old, there is a need to develop and test models for infusing mental health consultants into school settings.

Aims: This study aimed to adapt and test a model of ECMHC initially developed for community child care to meet the needs of a charter school serving low-income, African American children in an urban school district.

Methods: A mental health consultant provided on-site consultation to 7 pre-kindergarten classrooms serving 3 and 4 year olds over a 2 year period. Data on the classroom climate were collected in the Fall and Spring in each classroom for both years. Qualitative data on the children identified with developmental and behavioral concerns were collected and analyzed. Survey data were collected from teachers on the impact of consultation on their knowledge, skills and behaviors.

Results: Preliminary findings suggest the adaptation of the ECMHC model to a school-setting was successful. Teachers reported gains in their knowledge, skills and behavior management strategies. Children identified with developmental and behavioral concerns presented with a wider array of problems and teachers needed support in aligning their developmental expectations for this age group.

Conclusions: As states expand their access to pre-kindergarten, policy makers should consider the addition of ECMHC as a way to build teachers' knowledge, skills and behaviors. This is especially true given the limited pre-service training that early elementary teachers may bring to these new roles in working with children under the age of 5.

Poster Session 8: Infant mental health services, training, teaching, supervision and consultation

P210 The Reflective circle: enhancing adult's sensitivity and responsiveness to young children

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Reflective process allows professionals to explore their inner worlds and can bring about a shift in the understanding of self and others. It is a process integrating personal and professional knowledge with the demands of the situation. Schön believed that when faced with complex problems professionals must engage in a "reflective conversation with the situation," geared at identifying problems and exploring solutions, progressively and tentatively, and in close interaction with those involved (Bertolini et al, 2010). As an individual develops the capacity to observe their own experiences, thoughts, and emotions in a noncritical way, they create an internal foundation that allows them to be open and objective about their experiences and interactions. The information allows an individual to be able to grow and change, rather than be overcome with judgment and reaction (Siegel, 2010). Once providers develop the awareness that allows them to observe themselves in an open and objective way they will be more able to consciously choose how to interact with the children and their families they serve and provide a higher level of care (Saracho & Spodek, 2007). Awareness, openness, and objectivity also allow teachers to question children's behaviors and link those behaviors with mental states (Slade, 2005). As caregivers are better able to interpret mental states, they are more able to direct behavior in positive ways and improve their relationships with children in their care (Fongay, Steele, Steele, & Moran, & Higgit, 1991). Having caregivers become more aware of how to regulate their own emotions through self-awareness, would enable the caregivers to increase their ability to provide more nurturing relationships (Siegel & Shamoon-Shanuk, 2010). Attendees will learn about the Reflective Circle and its utilization to enhance practice.

P211 The development of a perinatal parent infant psychotherapy service (PPIMHS) in the UK

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Introduction: Early years intervention services for infants and parents are now widely accepted as a key development in promoting, protecting and improving children's mental health (DoH 2015). Current UK govt policy (DOH 2015) outlines the overall context of child mental health services and calls for a 'step-change' in service delivery models: rather than organizations defined by '...what they provide, systems should be built around the needs of infants and their families' (2015:p.16). This means that infants and parents in difficulty should have improved access to mental health interventions to support attachment and avoid early trauma, delivered by '...enhancing existing maternal, perinatal and early years health services...' (DoH 2015: p.17, NICE CG 192).

Aims and purpose of the work described: This presentation aims to describe the development of a UK Perinatal Parent Infant Mental Health Service (PPIMHS) which provides integrated access to adult and infant mental health assessment and treatment.

Description of the work: This presentation explores the PPIMHS journeys of parents and babies which include or begin with episodes of ill-health. We describe the support offered while managing a) seemingly unpredictable changes in risk of serious mental ill-health (SMI), and b) the safeguarding of the baby/ parent-infant relationship, preventing it from falling between the gaps of multiple service interfaces i.e. 'silo operating' (Munro 2012).

We highlight a central practice and service design issue: how parent infant treatment can remain part of the 'bigger picture' and in-session change does not mask out-session illness.

Conclusions:

Our outcomes:

- Reducing the incidence and impact of Post Natal Depression (PND), building on stepped PND HV service.
- Contributing to an evidence base for the 'Healthy Child Programme (0-5yrs)' to guide professionals in supporting attachment
- Operationalizing a waiting standard for 'rapid access' for women in pregnancy or postnatal period to treatment
- Providing an 'Early Intervention' pilot

P212 Effect of childrearing experience on facial expression recognition characteristics: A study using a short form of the IFEEL Pictures

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Introduction: In this study, to examine the changes that developed through childrearing experience, we compared the facial expression recognition characteristics among mothers of infants and two groups of female college students who majored in early childhood education (with and without 6 weeks of childcare training course), using a short form of the Japanese IFEEL Pictures (JIFP) which consists of 6 photographs selected from the original JIFP.

Participants: 108 mothers of infants; 107 third-year students who finished 6 weeks of childcare training course; and 128 second-year students before taking the training course.

Materials: A short form of JIFP: Depending on the mean scores of the hedonic scale in mothers' JIFP data, we selected 6 photographs from JIFP: "pleasure" photos Nos. 4 and 21; "unpleasure" photos Nos. 12 and 17; and "neutral" photos Nos. 9 and 29. We then made a questionnaire sheet, using 6 photos.

Procedures: We presented the short form to the subjects, and asked them to rate the degree of hedonic and arousal of the facial expressions on the photos shown.

Results and conclusions: We performed analysis of variance to compare hedonic and arousal ratings among mothers, experienced students and inexperienced students. The results showed a significant difference in hedonic rating for Nos. 12, 17 and 21, arousal rating for Nos. 9 and 12, and the total of arousal degree. These results revealed that mothers tended to recognize closer to neutral than did the students. Our findings also showed that the students who had childrearing training experience began to perceive children's emotions more sensitively. These results suggest that facial expression recognition characteristics are influenced by childrearing experience, and that even 6 weeks of childrearing training course did make a difference.

P213 Moving towards relationship-based practice : A training program for promoting physiotherapists' sensitivity towards children in therapy based on the Watch, Wait & Wonder approach

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Children with disabilities often receive developmental physiotherapy which may involve feelings of uncomfortableness, brings them to face the challenges of their disability, and therefore requires physiotherapists' sensitivity and attunement. Even though therapists' sensitivity is seen as central for positive therapist-child alliance, training of physiotherapists does not include knowledge and practice in this area. In view of the transition toward relationship-based practice (Gilkerson, 2004) there is an increasing need for physiotherapists' training programs to focus on both socio-emotional development and motor development. The aim of the current training program was to strengthen physiotherapists' sensitivity towards children in therapy and raise their awareness as to the importance of the therapist-child relationship. The four week training program combined socio-emotional developmental education with structured supervision which was based on the "Watch, Wait & Wonder" approach (Cohen et al., 1999). The training sessions included an observation phase (in which the physiotherapist was instructed to observe the child and join his initiatives in the supervisor's presence) and a reflective phase in which the observations were discussed. Four therapist-child dyads participated in the program conducted in a center for children with motor deficiencies. The program's impact was assessed by examining the sensitivity (adapted from the Emotional Availability Scales) of the physiotherapist before and after the training program and by analyzing the sessions verbatim. The findings show that three physiotherapist presented higher sensitivity towards children in therapy after the training compared to before the training. The analysis revealed themes concerning the nature of physiotherapy, such as the importance of strengthening children's motor initiation in the presence of a containing therapist versus focusing on external motor tasks. The results emphasize the need for social-emotional education training programs for physiotherapists as well as providing on-going supervision which will support therapists' self-reflection regarding challenges and inherent conflicts that arise during therapy.

P214 A workshop for social workers in the department of social services to enhance their ability to identify infants and toddlers at risk

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The quality of the attachment bond between infants and their caregivers has long-term consequences for socio-emotional adjustment (Bowlby, 1969/82; Sroufe, 1988). Living under high-risk conditions and particularly exposure to maltreatment put the infant at an increased risk for developing disorganized attachment (Cicchetti & Barnett, 1991; Cyr et al. 2010). This attachment pattern has been identified as a strong risk factor for socio-emotional maladjustment and psychopathology (Lyons-Ruth, 1996). Early identification and intervention, prior to 24 month may positively influence mother – infant interaction which has implications on the child's mental, social and cognitive development (Nelson et al., 2007). Thus, social workers in the social service department, who regularly follow families at risk, need to identify quickly and skillfully poor mother-infant interaction and disorganized attachment patterns in order to offer intervention. However, during their academic studies, social workers learn little about these issues and have no training at their workplace. The aim of the present project was to develop a workshop for social workers to enhance their ability to identify infants and toddlers at risk of disorganized attachment. There were six meetings of an hour and a half which included presentations, short videos and open discussions. The main topics were attachment theory, disorganized attachment, infant – mother interaction and mentalization. Assessment of social workers sense of competence in identifying infants and toddlers at risk before and after the program revealed improvement in all measures examined. The most significant one was in understanding mother – infant interaction. This finding emphasize the lack of contemporary knowledge. The workshop concentrated on connecting theory and practice. It provided tools for observation and meaningful analysis of observed behavior. It was demonstrated that social workers in the social services department lack knowledge and tools for understanding situations they encounter. It's important they receive professional guidance and training on a consistent basis.

P215 Bridging early intervention and infant mental health: improving service delivery for families of children with special needs

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The presenter will empower early interventionists to go beyond educating caregivers and supporting infants and toddlers with disabilities in home visitation by introducing them to the evidence-based infant mental health (IMH) strategies that she incorporates into her early intervention (EI) services. The purpose of this presentation is to introduce practitioners to the overview of the evidence-based practices and concepts in the field of IMH so that they have another framework to utilize when they form partnerships with parents on behalf of the child in each home visit. The practitioners will understand that the clients they serve are not only the child and the caregivers, but also the relationship they have with one another. The presenter determines to illustrate how such core practices in EI as the Routines-Based Intervention, Support-Based Home Visit, and Collaborative Consultation overlap with or run in parallel to what IMH specialists refer to as meaning making, mentalization, mutual regulation, and family consultation model. Such awareness will afford the practitioners in both fields to have a common language to collaboratively discuss about their cases and reflect on them at a deeper level as they provide a relationship-based and family-oriented intervention. The poster presentation is a synthesis of the presenter's reflection on her knowledge of IMH. Having reviewed the literature in

EI, the presenter found that one of the gaps in EI is early interventionists' lack of skills to provide emotional support to parents of children with disabilities. The presenter intends to address the gap and nurture the parents' resilience by incorporating IMH evidence-based concepts in her work with families with young children who have special needs. This presentation will enable the practitioners to embody the family-focused model while closing the gap in the transdisciplinary framework as they approach families from the lenses of EI and IMH.

P216 To find and to be found - when infants are referred to infant psychiatric unit in Eastern Finland

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Introduction: During last decades infant psychiatry has found its place in clinical practice. Identification of infants' and their families' problems has improved. In the outpatient clinic of Kuopio University Hospital, the infant psychiatric team for 0-4 year old children was established in 1999. The team started with two half-time workers and since then it has developed to a six person multiprofessional unit and the number of referrals has multiplied. In clinical work we have noticed that reasons for the referrals have changed.

Aims of the study: We are interested in how reasons for the referrals have changed during the 15 year period.

Materials and methods: The data of 190 patients has been collected from the treatment reports on three assessment points (years 2004-2005, 2009-2010 and 2013).

Results: In the beginning of the assessed period families were struggling with parents' severe mental disorders whereas in year 2013 in less than half of referred families parents had mental disorders and problems of infants were highlighted. Often children are referred because of having symptoms of regulation disorders or disorders of relating and communicating, but are then diagnosed as having problems in parent-child interaction. The final analysis of the data is not yet completely finished.

Conclusions: We will discuss if the changes refer to a general increase of knowledge of infant psychiatry and a better ability to identify problems of infants' behavior and wellbeing, or if there is also a transition to refer children with soft neurological signs to infant psychiatry. One may also consider that it is easier to make a referral and motivate the parents to bring their child to a child psychiatric unit with the symptoms of the child as opposed to indicating any problem with the parents or parent-child interaction.

P217 The use of the Solihull Approach in providing a reflective practice group for Children's Community Nurses

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Introduction: This poster introduces the Solihull Approach (Douglas, 2001), an early intervention model that uses key messages from research to promote change in the quality of attachments, as a helpful, structured and practical framework for reflection with a group of Children's Community Nurses (CCN). CCNS provide specialist Paediatric nursing to children in the community with complex health needs including life-limiting and/or threatening conditions.

Aim: To show that the Solihull Approach could be an effective model to help CCN staff process events cognitively and emotionally in a reflective practice group.

Description: A group of 6-8 CCN were offered reflective practice sessions incorporating the Solihull Approach model. Reflective practice, a key skill for nurses, helps them to manage the impact of caring for others on a daily basis (Oelofsen, 2012). The three central concepts to the Solihull Approach Model used included Containment (Bion, 1959) Reciprocity (Brazelton et al, 1974) and Behaviour Management (Watson, 1930). The concepts can be seen to underpin the development of attachment, so understanding the concepts can provide a focus for specific elements of the relationship that will improve the quality of an attachment and have a significant effect on the subsequent emotional health and well-being of the child. An evaluation of the group was conducted during this time through formal feedback from the CCN team using a questionnaire.

Conclusion: The evaluations suggest that the opportunity for reflective practice using key elements of the Solihull Approach was most helpful. Reciprocity was found to be particularly helpful. The sessions facilitated the nurses' understanding and processing of difficult issues. Staff reported feeling more supported and confident with their cases and improvements to team development were described. The basic principles of the Solihull Approach could be a useful model in reflective practice groups for other CCN teams or other workforce teams.

P218 Creation Of A Multidisciplinary Community Infant Mental Health Reflective Practice Group In Northern Canada

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Introduction: The co-researchers, a psychiatrist, a psychologist, and a social worker, developed a process to bring reflective practice into their Northern Canadian community. The task was complicated because there currently is no tradition of reflective practice in the community nor are there currently any standards or training in reflective practice in our province.

Purpose: A qualitative research project was designed that included the implementation of reflective practice into an existing Community of Practice in Infant Mental Health. Participants volunteered to be interviewed about their lived experience of being in a reflective practice group. Each interview was recorded, transcribed, and reviewed with the participants to verify that their lived experience has been illuminated. After an eight-month period, a closing session was held for the group to reflect on their collective lived experience. At the same time, the co-researchers strategically developed a parallel process. This involved meeting on a regular basis to reflect upon their own lived experience, journal writing, and consistent meetings with a certified Reflective Practice facilitator from California.

Description: The emerging themes from the participants are hope and curiosity. The theme of hope reflects the desire to promote reflective practice and the theme of curiosity considers how the community of practice will evolve. Some of the themes from the closing group session include "new ideas, less stuck"; "reflective questions help to challenge"; and the importance of small groups. The co-researchers' journal writing reflected on the creative process of integrating and transforming reflective practice. Themes included teaching ourselves how to facilitate effectively and ways to promote trust and safety in the group.

Conclusion: In this presentation, the authors will focus on the development of this project and give examples of the parallel process that emerged. We will discuss what we have learned and plans for future research.

P219 What should I keep in the back of my mind: A course on children's emotional development and parenting for developmental physiotherapists and its effect on their attitudes

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Objective: A new training course for developmental physiotherapists to deepen their awareness and knowledge regarding the emotional aspects of the treatment that they provide.

Background: There is a strong agreement among researchers and clinicians alike regarding the critical effect of parent-child relationship on the socio-emotional development of the child. In addition, several studies stress the importance of the therapeutic alliance between parent-child-therapist during physiotherapy for achieving better therapeutic outcomes. Despite the aforementioned evidence, reports from clinical settings suggest that knowledge and training provided to physiotherapists regarding the child's emotional development and parent-child relationship are insufficient. Furthermore, some physiotherapists are reluctant to involve themselves in "emotional issues", which they do not consider to be part of their role description.

Methods: Sixty-five physiotherapists participated in a new course that was designed and conducted by two developmental physiotherapies, who hold an MA in Child Development Studies. Part of the course consisted of guest lectures provided by developmental psychologists and researchers. The course included up-to-date theory and research on socio-emotional development in areas such as the motherhood constellation and attachment theory, with an emphasis on their relevance to physiotherapy. An attitude questionnaire was administered to the participants prior to and at the end of the course, to provide a preliminary evaluation of the effectiveness of the course.

Results: The participants indicated that the material learned in the course can be easily applied, and reported high satisfaction from the course. In addition, following the course, positive changes were found in the physiotherapists' sense of competence and awareness of emotional issues.

Conclusions: Raising the knowledge and awareness of emotional aspects of therapy among physiotherapists is of major importance. There is a need for further training on this topic, which is lacking in basic physiotherapists' training.

P220 Babies are both vulnerable and resilient: promoting secure relationships when very young children are in the care of others

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The "dream" is that all professionals working with infants, toddlers and their families would receive training in Infant Mental Health principles and practices to promote social and emotional well-being or good mental health. Families in the U.S. have an increased need to leave their young children in the care of others. Childcare providers spend 8-10 hours per day with infants and young children, so their need for IMH training cannot be overlooked. The purpose of this workshop is to both describe training that guides professionals of all disciplines and education levels to understand the critical importance of infant mental health and how to best support the very young children in their care, and discuss its effectiveness. This training series focused on educating childcare professionals about the important role that relationships play in the life of the developing child, while also providing support through reflective supervision and modeling reflective practice.

Additionally, the training series directly correlates with the Competency Guidelines® adopted by 23 Infant Mental Health Associations, and leads to professional recognition through a systematic work force plan, the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. The series offers an opportunity for child care providers to receive national and international recognition for their knowledge, experience, and practice in providing nurturing care to infants and toddlers.

Training Model Introducing IMH Principles to Guide Childcare Professionals

- 10 topics
- Format: group training, consistent presenter, audience specific
- Frequency: 5-10 sessions
- Tailored to each community
- Stipends, Food, Accessibility
- Reflective Supervision
- IMH Endorsement® process
- Evaluation: Pre/post test data

Lessons Learned/Challenges:

- Within training: more reflective time needed
- Evaluation: additional components to measure practice change
- Participants: valued and celebrated
- Added topics
- Continued funding

Endorsement®: costs, intensive support

P221 Reflections: Implementing a therapeutic model of care into clinical practice within a new parent and infant unit in rural Australia

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Introduction: Latrobe Regional Hospital's Agnes Unit is an exciting initiative, presenting the opportunity to provide a therapeutic five days/four nights a week, residential mental health program for parents and their infants living in the Gippsland area. A Thinking Framework was compiled to guide the development of therapeutic practice within the unit. This Framework utilises: the Mentalization Model to inform and frame the unit's thoughtful consideration and response to every person's difficulties and distress, bringing a working understanding to the ever-changing interpersonal dynamics of the ward environment; Attachment Theory and its relevance to therapeutic work, understanding personality development and early infant-family relationships; and the Solihull Approach, a model that highlights the central tasks of the parenting role to facilitate secure attachment relationships between infants and their caregivers, thereby promoting healthy child development.

Aim: To reflect on the implementation of the therapeutic model of care into clinical practice within the Agnes Unit, particularly the Solihull Approach. Training in this model occurred with the whole multi-disciplinary team (MDT) during the orientation program, prior to the unit's opening.

Description: The Solihull Approach training was delivered by Vivian Lee and Georgina Timmins over two days in November 2014. The Agnes Unit MDT overwhelmingly embraced the model during the training, and subsequently has competently and successfully implemented and incorporated this therapeutic model of care within their clinical practice. This has resulted in beneficial outcomes for the infants, parents and families receiving care and support within the unit and for the team's ongoing development and practice.

Conclusions: The therapeutic model has been successfully implemented and integrated into clinical practice within Agnes Unit at the Latrobe Regional Hospital Mental Health Service. Our Thinking Framework has helped create a team who are able to provide a consistently containing and engaging space for the families we work with.

P222 Introductory Certificates in Infant Mental Health and Perinatal Mental Health in Adelaide, Australia

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Introduction: A 10 week course in infant mental health was introduced in South Australia 7 years ago. Providing information about both infant mental health and perinatal mental health is important to a wide range of primary and secondary health, education and welfare workers. It presents geographic challenges as $\frac{3}{4}$ of the population are city based in Adelaide with the others spread across a wide geographic area.

Aims of the work: To ensure basic knowledge of infant mental health is widely available to relevant practitioners from many different disciplines and working across private and public sectors and in varied agencies.

Description: The course is offered twice a year, with 10 sessions of 3 hours. There is a mixed format, with didactic lectures alongside supervision of brief infant observations. Course material is based primarily on attachment theory, and there is a significant focus on ensuring that there is a mixture of theory and practical knowledge. Reflective supervision is provided for the infant observations in small groups. Distance teaching is offered via telehealth link. Evaluation has been carried out each time the course has been run, and material has changed slowly over time. Students gain an Introductory Certificate of Infant Mental Health if they attend 80% of lectures, contribute in seminars and pass a 10 minute presentation in which they must demonstrate that they have incorporated some knowledge from the course into their daily work via a case presentation.

Conclusions: Basic knowledge of infant and perinatal mental health has been successfully offered to approximately 600 students from a large range of agencies, professions, settings and geographical areas in South Australia. Course material will be shared in this presentation along with evaluation findings which indicate that the infant observation with supervision is most appreciated and personally informative.

P223 Building continuity in a time of instability. The first Ukrainian project of the Tavistock Model of Infant Observation.

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In 2013 following the active encouragement of Louise Emanuel, WAIMH member, Elisabeth Tuters and Rebecca Bergese Consultant Child Psychotherapists a pilot project began in Kiev with a group of Ukrainian mental health clinicians. The Tavistock Model of Infant Observation was presented connecting infant mental health treatment with the skills of observation. The project has been initiated by Tatjana Pushkarova, Psychoanalyst, in collaboration with Rebecca Bergese. They co-supervise the observations of the group of ten clinicians in two year infant observation, following the structure of the London course including theoretical seminars. The observations provide a primary learning experience through the weekly observation of a baby from soon after

birth until 24 months old. The observer role is always a challenge, requiring open-minded attention, which is somewhat different from a therapeutic one, but benefits the attunement of clinicians, extending their capacity to contain and to think about the early emotional experiences of their patients. This project has specific transcultural challenges, as it began during the recent serious social and political crises and instability in Ukraine. At a time of conflict infant observation seemed counter-intuitive. It has been especially difficult to establish reliable links with families when the infrastructure and social systems are unstable. The continuity of observations has often been threatened by the external circumstances effecting everyone. The observers have shown a deep commitment to the observations, leading us to consider the fundamental benefit of continuity in the face of tenuous external structures. Through the experience of observing, the participants have evolved a greater capacity for attunement and therapeutic work with families they meet in their clinical roles. To date, we have seven observations, four babies already turned one year old. It is hoped that this positive learning experience can model resources for thinking about the needs of families facing traumatic change.

P224 Is working alliance the key factor to successful home visitation interventions?

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Introduction: Home visitation (HV) interventions are one of the leading prevention strategies in western countries. While largely implemented with various intervention strategies, HV is often led by health professionals following specific guidelines. These guidelines include information on child development, child care, mental health issues, etc. as well as social and administrative counselling in some cases. Starting in late pregnancy up to the children 2nd to 5th birthday, most of these interventions failed to maintain all the families in the program until its very end. Maintaining families in these interventions remains one of the most challenging tasks of public services and depends on the working alliance with the home visitors. Previous studies have shown that family drop out was positively correlated with the number of challenges these family had to face and the ability for home visitors to meet these needs. In France, two programs were recently developed. The CAPEDP program used the services of psychologists to provide a 40-session home visitation program. Following this program, the Panjo intervention aimed to replicate the positive impact of CAPEDP, as well as other European programs, in the French public health system, where HV are provided by child nurses.

Aims of the study: Two studies have targeted the determinants of a good working alliance in these interventions, in order to enhance the knowledge on the components of a successful intervention as well as to enhance the future trainings of the home visitors.

Material and methods: Using 1300 HV case notes, qualitative analyses revealed that the conditions for a good working alliance was set up early in the intervention.

Results: Variables associated with parental relationship skills, family social conditions, or family-home visitor agreement on the objectives of the intervention were found to be associated with quality of the working alliance.

P225 Can nurses nurse? Using child nurses to provide maternal-child attachment intervention. A fidelity analysis to an attachment promotion curriculum

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Introduction: Attachment promotion and parent-child relationship promotion have been under the scientific lights for the last thirty years. Home visitation strategies have proved to be of interest to enhance the quality of early relationships. While most of these programs rely on nurses' services, some of them have preferred to use psychologists to focus on attachment. It is still not clear whether program developers should use the services of health vs. mental health professionals in order to develop effective interventions.

Aims of the study: Within the French public health systems, child nurses are responsible for providing home visitation to newborns and their parents. While no formal intervention strategy has ever been set up to guide the nurses through the home visitation process, recent initiatives have been conducted to train the child nurses to attachment promotion. The Panjo project aimed to provide formal training on home visitation targeting attachment in isolated young parents. The aim of this qualitative study was to examine the extent to which the child nurses, usually focusing on health issues, were able to add attachment promotion strategies to their interventions.

Material and methods: 300 home visit case notes were qualitatively analysed in order to perform a fidelity analysis to the Panjo curriculum. We sought to identify what the nurses *actually* did during their intervention, with a specific focus on attachment.

Results and conclusion: This study is currently being conducted and the results will be available in early 2016. The conclusions will be of a high interest in order to enhance the quality of nurses training while looking for strategies to promote early attachment.

P226 Starting "Integrated Parent-Infant Consultation (© Hedervari-Heller & Nemeth)" trainings in Hungary

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Introduction: At the start of the Millennium, the number of professionals and services dealing with infant mental health problems was not significant in Hungary due to the lack of new research in developmental psychology, brain research and clinical parent-infant studies in core university materials.

Aims of the work described: Our aims were to start interdisciplinary trainings for early childhood professionals which can develop a new significant sub-speciality within the existing psychotherapy, psycho-social and medical professions.

Description of the work: From 2005, in the cooperation of the Hungarian National Institute for Child Health, the Medical University of Frankfurt and the German Children's League, Dr. Tunde Nemeth and Prof. Dr. Eva Hedervari-Heller organized two 100-hour-long parent-infant consultation courses, which were continued with regular group supervisions in the following years.

In 2010, the four-semester-long *Integrated Parent-Infant Consultation (© Hedervári-Heller & Nemeth)* training was accredited at the Pazmany Peter Catholic University as the first infant mental health training offering a post-graduated university degree in Hungary. This training is

currently taking place at the Mental Health Institute of Semmelweis University and at the Department of Special Education in Eotvos Lorand University. Forty-one professionals have postgraduate degrees, and thirty-one other students are currently enrolled in trainings. Following graduation, specialists regularly meet each other in workshops, conferences and at supervisions. Meanwhile, a sensitising course about early emotional and behaviour regulation disorders has also been started at a graduate level at two universities.

Conclusions: Practical experiences show that the graduates, like nurses, paediatricians, psychologists, special education teachers, conductors, social workers, nursery nurses etc. are able to offer effective support to young children and their families not only with their specific work in consultations and in therapy, but through a comprehensive attitude change in their every day professional work.

P227 A principal components analysis of the reflective supervision rating scale

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Introduction: Reflective Supervision/Consultation (RS/C) is considered best practice in supporting Infant Mental Health providers through high quality processes of observing, being observed, and/or being directly guided by mentors to increase one's capacity to reflect upon and support very young children and their families. Empirical quantitative evidence to measure the implementation and subsequent efficacy of RS/C has been limited by a lack of appropriate assessment tools evaluated for psychometric quality.

Aims of the Study: The goal of the current study was to develop the Reflective Supervision Rating Scale (RSRS) for measuring the quality of reflective supervision among service providers and coordinators through psychometric evaluation.

Material and Methods: The RSRS is a seventeen item rating scale completed by the supervisee to assess supervisor use of reflective supervision behaviors and skills. The RSRS was administered to 157 Early Intervention Service Providers and Service Coordinators recruited from a large Northeastern region of the United States. Principle Component Analysis (PCA) was conducted on the RSRS using an oblique, oblimin rotation.

Results: Results indicated an internally consistent, four-factor solution for the RSRS: Factor 1: Reflective Process and Skills – encouraging growth and skill development; Factor 2: Mentoring – providing a trusting, attentive, and collaborative learning relationship; Factor 3: Supervision Structure – providing consistent and engaged supervision; and Factor 4: Mentalization - understanding emotional, situational, and cultural influences on behavior.

Conclusion: Results show the RSRS to be a useful assessment tool to support mental health staff in their development and learning as human service providers, increasing staff resiliency to secondary traumatic stress, and diminishing the impact of burnout and dropout from the mental health service field.

P228 Validity of the reflective supervision rating scale

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Introduction: Reflective Supervision/Consultation (RS/C) is considered best practice in supporting Infant Mental Health providers through high quality processes of observing, being observed, and/or being directly guided by mentors to increase one's capacity to reflect upon and support very young children and their families. At this time, there are no psychometrically validated measurement tools of RS/C quality.

Aims of the study: The goal of the current study was to assess the concurrent and discriminant validity of the Reflective Supervision Rating Scale (RSRS), a 17-item rating scale completed by the supervisee to assess supervisor use of reflective supervision behaviors and skill, and its factors: Reflective Process and Skills, Mentoring, Supervision Structure, and Mentalization.

Materials and methods: The RSRS, Professional Quality of Life Scale, Secondary Traumatic Stress Scale, and measures of job satisfaction, quality of supervision, and work-life balance were completed by 157 Early Intervention Service Providers and Service Coordinators recruited from a large Northeastern region of the United States.

Results: Validity was established through Pearson Correlations between the RSRS total and factor scores, and concurrent measures. Results show that supervisees who rated their supervisors as exhibiting increased levels of RS/C behavior have more job satisfaction, work-life balance, compassion satisfaction, and rate the quality of supervision higher. RSRS scores were inversely associated with burnout and secondary traumatic stress. Supervisor behaviors in the Mentoring and Supervision Structure domains of the RSRS showed the strongest associations across outcomes. Discriminant validity was demonstrated through non-significant correlations between the RSRS Total and factor scores, and age and ethnicity.

Conclusion: Results support the use of the RSRS as a valid measure of RS/C. The RSRS is a valid tool that can be used to evaluate reflective supervision as a method to support staff and as a component of infant mental health services.

P229 Infant mental health awareness: initial findings from the Oklahoma infant mental health survey

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Little is known about the general public's understanding of infant mental health (IMH). Much of the literature on IMH has instead focused on understanding the knowledge of professionals and IMH competencies (Weatherston and Paradis, 2011). The current study aimed to address this by developing and piloting the Oklahoma Infant Mental Health Survey (Williamson, Huffer, Morris, & Hays-Grudo, 2015). The survey includes four subscales: IMH Awareness ($\alpha=.75$; e.g., *Babies can get depressed; I know what the phrase "infant mental health" means*), Responsive Caregiving ($\alpha=.83$; e.g., *Babies often need help from caregivers to calm down*), Knowledge of Development ($\alpha=.75$; e.g., *Predictable routines are not important for babies, reversed*), and ECE Practices and IMH ($\alpha=.69$; e.g., *Childcare teachers can have a lifelong impact on the development of the babies in their care*). Researchers utilized Amazon's Mechanical Turk (M-Turk) to recruit participants and pilot the survey to reach a nationwide sample of participants ($N=1007$). Findings suggest that participants' knowledge of responsive caregiving and knowledge of development were both positively associated with awareness of IMH. However, 27.2% of respondents reported that they had never heard of the term "infant mental health" and that they did not know what it means. Controlling for education level, characteristics of a fearful attachment style (e.g. *I feel uncomfortable when relationships with other people become too close*) significantly predicted participants' IMH awareness ($\beta= -1.82$, $p < .001$) such that people with a more fearful attachment

style were less likely to be aware of IMH. This finding suggests that people who have difficulty forming close relationships may lack the knowledge needed to promote the mental health needs of infants. The Oklahoma Infant Mental Health Survey has implications for the field by increasing our understanding of where gaps in knowledge exist within the general public and developing awareness intervention strategies.

P230 Mental health screening during infant immunization: establishing the preliminary psychometrics of the OUCH-IE

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Introduction: Early mental health screening is imperative to optimize mental health across the lifespan (Jensen et al., 2011). Approximately 75% of mental health difficulties are linked to challenges with negative affect regulation (Werner & Gross, 2010), a skill learned through observing caregiver soothing. Our health care system is not attuned to properly screen infant-caregiver pairs who struggle in this domain. Immunization is an ideal context to screen for infant mental health risk as it provides health professionals an opportunity to observe caregiver soothing at regular intervals across infancy. After observing over 2000 immunizations based on the OUCH cohort (760 infants followed between 2 months and 5 years), key caregiver behaviours predictive of mental health outcomes have been identified.

Aims of the study: To establish the preliminary psychometric properties of an infant mental health screening tool inclusive of these behaviours for use in primary care.

Materials and methods: The Opportunities to Understand Childhood Hurt – Immunization Evaluation (OUCH-IE) includes 12 caregiver and infant behaviours indicative of either caregiver insensitivity or the infant not using the caregiver during distress regulation (e.g., caregiver frustration, infant pushing away from the caregiver). Twelve-month immunization video footage ($n = 477$) was coded using the OUCH-IE by two lab coders. Caregiver-infant pairs were considered at risk if three or more behaviours were present.

Results: The OUCH-IE showed strong interrater reliability ($r = .92$). Across a number of outcomes related to risk for mental health challenge (e.g., low maternal sensitivity, poor negative affect regulation, difficult temperament), sensitivity and specificity were acceptable to strong.

Conclusions: The OUCH-IE holds the promise to efficiently and universally screen infant mental health risk, with the potential for integration into primary care.

P231 Parenting style evolution throughout the Incredible Years (IY) Program Araujo, C.¹, Rosa, B.², Cunha, S.², Moreira, F.², Almeida, M.³, Alfaiate, C.³, Seabra-Santos, M. J.⁴, Azevedo, A.⁴, Miranda, V.²

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Introduction: Since family is the first social group and children's first social relationship, it has a central role in their development. Studies show that parenting styles are related to various aspects of psychosocial development of children and adolescents, such as self-esteem, pro-social

behaviour, psychopathology and school performance. Concerning psychopathology, associations have been found between parenting style and major depression, anxiety disorders and externalizing behaviour. The Incredible Years Program (IY) has shown to be significantly effective at reducing disruptive behaviour and as a preventive intervention but also as an improver of parenting skills. This paper aims to evaluate and compare parenting style before and after attending the IY program and assess differences between different demographic realities.

Description of the work: Retrospective analyses of parent-reported style using Parenting Styles Scale. Analyses examine the impact of the IY program on parenting practices and children's behaviour and explore whether the program had differential impacts for parents from two different Portuguese geographic areas (Porto and Coimbra).

Conclusions: Similarly to other studies, we expect parents to adopt a positive attitude, warmth, responsiveness, appropriate supervision, promote dialogue within the family and effective parenting strategies, in order to reduce problematic child behaviour and enhance parenting competence, potentially decreasing risk for the development of adult psychopathology.

P232 In vivo supervision training—Faculty-trainee reflections on regularity, collaboration, and ‘thinking about [feeling, doing, and...] thinking’

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Introduction: Infants amidst conflict and adversity pull for our finest work; clinicians unfettered by their own pasts can best promote babies' resilience in this rapidly changing world. Whether positive or negative, prior events affect relationships—what we do, what we think, and how we feel. Partaking in reflective supervision is one key means to foster awareness of self and one's history during infant/family interactions. Its components of thinking about thinking, working together, and consistency nurture competency in the field (see Heffron and Murch, 2010). Yet ready access to training in reflective principles can be limited by location, agency structure, or like factors.

Aims or Purpose of the project or work described: Objectives of the current work are to (a) increase theory-based knowledge—including directed self-reflection—; and (b) practice in reflective supervision for multidisciplinary early childhood trainees. Its overall goals are to enlarge upon the numbers and quality of reflective supervisors available to on-the-ground-workers across diverse infant or early childhood settings.

Description of the work or projects: This workshop interweaves student and faculty perspectives on an inprogress reflective supervision course. An evolving cohort of doctoral students with their faculty assessor at a distributed learning university inaugurated the work in phases; all students are enrolled in the university's psychodynamically-rooted multi-disciplinary infant and early childhood development program. Building upon past literature, students/faculty co-constructed an in-depth reflective supervision experience. Prongs of the curriculum include: (1) theoretical readings with reflective papers; (2) in vivo independent reflective practice projects; and (3) elective participation in a face-to-face reflective supervision group.

Conclusions: Reflective practice rooted in psychodynamic theory has been crucial to infant mental health since the field's inception. This graduate course augments accessible training opportunities—helping proliferate access to reflective supervisors at all levels and across locales. It is a model for similar co-created training programs.

P233 Promotion of resilience factors in a setting approach in kindergarten

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The workshop presents practical methods and evaluation results of a project to promote resilience-factors in early childhood in the setting kindergarten in areas with multi risk constellations. The concept follows a multimodal approach: Early childhood teachers were qualified to support mental health and the development of children's and families' resilience-factors – e.g. self efficacy, social competencies, problem solving abilities, self regulation. The project has been evaluated in a control group design with quantitative and qualitative methods; the sample includes about 700 children, their parents and 140 early childhood teachers. The results show an increase of self-esteem and cognitive parameters on the children's level, more educational competence on parental level and a higher work-satisfaction on professionals' level. It could be shown that a systematic setting approach can strengthen children's coping competencies and resilience factors in a sustainable way.

P234 Reflective supervision and its impact on clinical infant mental health practice: an exploration

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Introduction: Contemporary infant mental health experts define *reflective supervision* as a clinical supervisory relationship for learning where reflection, collaboration, and regularity guide the supervisor and supervisee. (Watkins, 2015). Despite reflective supervision's established history as integral to competent, relationship-based, culturally sensitive practice with infants, toddlers, and families (MI-AIMH, 2010), evidence for its impact on supervisees is particularly weak. Tomlin et. al.'s 2014 Delphi study of 50 expert clinical supervisors in infant mental health suggests empirical consensus on essential elements of reflective supervision. However, little is known about *practitioner* perceptions and perspectives about reflective supervision's impact on clinical practice, and its salient elements.

Aims of Study: Researchers sought to explore whether reflective supervision: 1. Protects clinical practice at high levels of work-related stress. 2. Elevates practice, spurring innovation at low levels of work-related stress.

Description: A standardized work stress survey is being administered to an estimated 30 infant mental health clinicians. Individual interviews and focus groups are conducted to qualitatively explore reflective supervision's impact on clinical practice. To date, 10 clinicians have completed data collection, all members of publically-funded clinical infant mental health teams serving families in their communities.

Conclusions: Preliminary findings indicate that clinicians receiving regular reflective supervision believe their practice is impacted in the following areas: self-awareness, acceptance, and mindfulness. Common themes sampled from both individual interview and focus group data show that the majority of clinicians interviewed identified trust, respect, availability, and attentiveness as key interpersonal elements of a reflective supervisory relationship. Associations between experienced qualities of reflective supervision and levels of work-related stress will be assessed as the sample size grows. Preliminary findings suggest a positive relationship between reflective supervision and clinical practice amongst clinicians working with infants, toddlers, and families. Future investigation establishing empirical consensus among clinicians about critical elements of reflective supervision is warranted.

P235 From seven counties to all-state: developing an early childhood mental health training consortium to build workforce capacity

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Introduction: Mental health and behavioral challenges in children *must* be identified and addressed early and referred for resources, services, and supports as appropriate. In Colorado, there is a *critical shortage* of trained early childhood mental health professionals (ECMH) who can provide early identification, assessment, and treatment services.

Aims: The Early Childhood Mental Health Training Consortium will increase the number and expertise of ECMH professionals by providing mental health training through an unprecedented collaboration of 8 cross-sector institutions with proven excellence in ECMH services and training. Two universities, 5 community mental health centers, and the Colorado Office of Early Childhood will form the Consortium. This ground-breaking project is being designed and implemented in response to an innovative grant initiative by private funders who are collaborating in its formation.

Description of project: The Consortium aims to ensure that all families in metro-Denver have access to high-quality ECMH services by increasing the trained professional workforce and ultimately, expanding to the whole state through capacity building and dissemination efforts. Goals include: Increasing training slots at practicum, externship, internship and postdoctoral levels; tailoring training to align with the Colorado Office of Early Childhood's ECMH Strategic Plan; developing and providing training guidelines and resources for different levels of preparation; and aligning training with the "Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health".

Conclusions: This first-of-its-kind Consortium seeks to utilize the high level of expertise in Colorado to make ECMH training widely accessible. Each partner agency will maintain independent administrative functioning and training experiences, while contributing training sites, supervision/mentoring, and didactics to fully leverage the resources of each for the benefit of the whole. The unique participation of private philanthropy will enable this project to expand access to ECMH expertise and services for increasing numbers of young children and families.

P236 A qualitative analysis of a metasupervision in home visiting to pregnant women, a chilean experience

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The implementation of a model of mother and child care through home visits by monitors makes the role of the supervisor essential to guide their work. Consequently, it is intended to see supervisors' meta-supervision as an instance required for assuring the smooth development of the program and for the continuous improvement of the practices for accompanying mothers. A qualitative study based on Grounded Theory was carried out, where the meta-supervision sessions and two individual interviews performed to the meta-supervisor and the supervisor were analyzed. The analysis confirms some aspects of the reviewed theoretical models, as well as characteristic supervision aspects such as reflective thinking, collaboration and regularity. Emerging issues appear in relation to the satisfaction and professional development of the supervisee, influenced by the meta-supervision. A critical reflection on the scope of this study is conducted.

P237 Self-care while treating traumatized infants and toddlers

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Introduction: Clinicians who work with children who have been traumatized are at risk for secondary traumatization. Additionally, those clinicians may work with systems which may be inflexible regarding service provision. This workshop will focus on identifying personal risk, methods for preventing secondary traumatization and ways of mitigating trauma and burn-out.

Aims and Purpose:

1. Participants will be able to identify risk factors for secondary traumatization and burn-out in clinical settings.
2. Participants will be able to identify signs of secondary traumatization and burn-out in clinicians.
3. Participants will be able to identify methods for addressing secondary trauma and burnout.
4. Participants will participate in exercises aimed at familiarizing participants with self-care methods.

Description: Working with the youngest, most vulnerable victims of trauma, whether due to war, abuse, neglect or disaster, also places clinicians in vulnerable positions. Just as first responders (fire, rescue etc.) may experience secondary trauma, so too clinicians who assist young children and their families to manage and resolve the aftermath of traumas. While self-care is often encouraged in the field, effective ways to promote personal resiliency are not discussed often enough. A variety of methods will be discussed, including the use of consultation, reflective supervision, meditation, yoga, art and trauma informed relaxation skills. The workshop is designed to be experiential, with substantial audience participation.

Conclusion: Participants in this workshop will leave with a better understanding of risk and signs of secondary trauma and burnout. They will have introductory experiences with self-care methods which may be of benefit to them.

P238 The Effectiveness of Circle of Security Parent Training

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Introduction: Insecure attachment relationships confer risk for child behavior problems. The Circle of Security Parenting Training (COSP) program is a parent intervention based on attachment theory that is designed to modify maladaptive parent-child interactions, increase parental reflection, and promote secure attachment. While it is widely used, there is limited data on its effectiveness.

Aims of the study: Our purpose is to examine the feasibility and effectiveness of the COSP program provided as a clinical service at community organizations in high-risk communities. We will examine the program's effectiveness in promoting parents' reflective capacity, changes in parent's mental health, and changes in parent's perceptions of their child.

Materials and methods: Data is currently being collected. Participants include 41 females enrolled in the program at community organizations. (Anticipated N =70.) Participants complete a demographic questionnaire, The Parental Reflective Functioning Scale, Center for Epidemiological Studies Depression Scale, Caregiver Helplessness Scale, and The Infant Intentionality Questionnaire prior to beginning the intervention, and after it is completed. All parents are >20 years, all children are 1 month – 5 years. Each intervention lasts 8 sessions. Pre and post data have been collected from 13 participants with an additional 38 families currently enrolled.

Results: Preliminary analyses with 13 participants suggest a positive effect of the COSP program. On the infant intentionality measure mothers attributed less intentionality to infant behavior post treatment. (pre $M = 30.42$, $SD = 5.82$) (post $M = 25.38$, $SD = 3.59$), $t(13)=3.75$, $p<.005$, $d=1.09$. There were no significant differences on scores on the other measures; we suspect differences may emerge upon analysis of the full dataset. Analyses of the full sample will be complete by April, 2016.

Conclusions: Findings from preliminary analyses suggest some evidence for change in parent's assessment of young children's intentionality following participation in COSP groups. Further analyses are planned.

P239 A relationship-based approach to coaching: Implications for social-emotional development and early childhood professional development

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Introduction: Understanding childhood educators' capacity to support children's social and emotional development in classrooms is a critical area of study in early childhood. Despite increased interest in the use of coaching as a professional development tool, there is little empirical evidence concerning the functional components of coaching that may be linked to improved teacher outcomes in early childhood settings (Carter et al., 2010; Raver et al., 2008; Zaslow et al., 2010).

Aims of the study: The current investigation examines coaching characteristics in programs serving low-income children three to five years of age. With coaching support, teachers implemented the Teaching Pyramid, an evidence-based framework for promoting social-emotional development and reducing challenging behaviors in preschool.

Materials and methods: Prior to the coaching intervention, and again at five months, observations were conducted in each classroom using the Teaching Pyramid Observation Toolkit (TPOT; Fox, Hemmeter, & Snyder, 2008). After each coaching session, coaches completed the Teaching Pyramid Coaching Log (Fox et al., 2008), a self-report instrument of the frequency and type of activities engaged with participating teachers.

Results: Correlational analyses were conducted with the four most frequently used coaching strategies (goal-setting, providing materials, reflection, and performance feedback) to determine which strategies might be associated with TPOT scores at Time 2, controlling for TPOT scores at Time 1. Analysis showed that reflective strategies were positively correlated with TPOT scores at Time 2 ($r=.63$, $p<.02$), controlling for TPOT scores at Time 1.

Conclusion: The use of reflective conversations is positively associated with implementation of the social-emotional skills model, highlighting the promising role of reflection in early childhood educator professional development (Virmani & Ontai, 2010). These results suggests that reflective conversations can be used as targeted coaching strategies to promote the implementation of new teaching practices for children's social and emotional development.

P240 Standardising infant mental health practice

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Introduction: There is currently no standardised infant mental health (IMH) knowledge base for many early years and primary care professionals working with children and families. Infant Mental Health Online (IMHOL) was designed to fill this gap, and is aimed at enabling practitioners to

access key IMH theory and research, and to underpin their practice with this standardised knowledge base.

Aims of the Project: To pilot and evaluate IMHOL in terms of its effectiveness in improving practitioner knowledge and skills.

Description of the Project: This project involved the development, piloting and evaluation of an online course, which is delivered over a 16-week period. The content consists of three core themes: Neurophysiology and Biochemical Structuring of the Brain; Social and Emotional Development and Ghosts and Angels in the Nursery. These crosscutting themes provide participants with the necessary information to understand IMHOL's two modules: Mother and Foetus and Babies and their Relationships. Pre IMHOL a questionnaire is completed to measure learning outcome confidence levels and repeated on completion to enable participants to self-assess progress. Inter-professional discussion is promoted in the "IMHOL Coffee Lounge" and "IMHOL Forum". A Personal Reflection Portfolio is completed with the "Final Reflection". The course was piloted with 55 interprofessional practitioners (e.g. early years, health visitors, midwives, social workers, psychologists), and preliminary evaluation involved pre and post IMHOL questionnaire and course evaluation.

Results: 100% of IMHOL participants would recommend IMHOL; 100% felt learning objectives were met; 80% considered course content excellent and 80% felt their practice would change due to IMHOL engagement.

Conclusions: There is a need for IMH inter-professional education to raise multi-disciplinary workforce capacity. Online provision enables practitioners to access IMHOL.

P241 Finding the space: group relations and the role of reflective practice in a parent-infant unit in rural Australia

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Introduction: Agnes Unit is a new, low acuity Parent- Infant service, operating from a major healthcare provider, Latrobe Regional Hospital. Families from the Gippsland area (a catchment size of approximately 41,500 kms) are welcomed for 5 days/4 nights, with re-admission each week on a case by case basis. Families can self-refer or are referred from the community including via General Practitioners, Paediatricians, Maternal and Child Health nurses and early parenting services. The multidisciplinary team is trained in the Solihull Approach of containment, reciprocity and behaviour management to facilitate secure attachment relationships.

Aims

- To describe the relational space in the Parent-Infant Unit through the lens of group formation and processes.
- To explore the use of reflective practice in understanding the relationship between whole-of-group mental phenomena and the 'work' of the Parent-Infant unit.

Description: With each weekly intake of mothers and babies and twice daily staff shift changes, the Unit functions as a 'temporary organisation', bringing into the same space a dynamic set of relationships, roles, tasks and unconscious processes. Bion's group relations theory is the frame through which group members, namely the staff, parents and infants, can be viewed as a whole; collectively striving to survive against anxieties and fears, and projecting wishes and fantasies about the group experience. Reflective practice among group members, about group functioning and unconscious processes, creates opportunities to promote mentalization and find space for the parent-infant relationship.

Conclusion: The use of reflective practice to safely process mental states and respond thoughtfully about the relational space has created powerful experiential learning opportunities for parents, infants and staff.

P242 Building bridge between primary and specialized health care services for infant families

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Introduction: In Finland South Karelia Social and Health Care District (Eksote) is providing primary health care and specialized medical care services for the population. Health care services are financed primarily out of tax revenue. Primary health care covers maternity and child welfare clinics (MCWC). Specialized medical care includes also child psychiatry and there is a special unit for early relationship (UER) between mother and infant.

Aims of the work: The aim of the work is to build a functional link between primary health care services and specialized medical care. When families with an infant do have many problems they need support and help without any delay in a flexible way according their needs.

Description of the work: In Finland almost all families use maternity and child welfare services. All families visit public health nurse 8 times during pregnancy and 8 times in baby's first year. There are also 5-6 visits to a general practitioner in the MCWC. Each family also will be visited at least once by a family worker. In the secondary health care the UER gives services for infant families with special needs. Parents having an infant with eating or sleeping difficulties many times accompanied by maternal depression need special support for whole family and possible therapy concentrating to the mother and baby relationship. The author is medical doctor specialized both in general medicine and child psychiatry. He is meeting infants and parents of families in need in the MCWC according age based schedule and he is also able to meet same families in the UER as a member of specialized professional team.

Conclusions: A medical doctor with two specialties, general medicine and child psychiatry works as a functional link between primary and secondary health care services in South Karelia Social and Health Care District.

P243 Study of tasks and support for infant mental health training at both the national and the local level in Japan

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Training is indispensable for promoting infant mental health (IMH). In Japan, we have seminars and symposiums organized by JAIMH, conferences and seminars by FOUR WINDS Association for Infant Mental Health at the national level. We also have some training groups for IMH professionals in various districts. In this research, we investigated five of the training groups in local areas and also analyzed questionnaires for seminars at the national level. In the results, at the local level, we found that each group of the five differs due to regional variations, but at the same time all of them emphasis case studies, which focus on the relationship between a caregiver and a baby. We also found some common tasks at the local level, such as; To study the basic IMH theories continuously; To learn professionally and improve one's competency. At national level, we found that IMH professionals want to learn updated IMH theories continuously and that

they also want to have more case study seminars in order to think of them precisely and deeply. Especially, at case study seminars, participants could discuss their opinion with other people so that they can reflect on what they have done, expand their point of view about cases, and deepen their understanding of children and families and their relationship. We concluded that we could support them in terms of these tasks as follows:

For the local level:

- To organize a place where training groups can exchange information.

For the national level:

- To organize a lecture for updated theories.
- To create a systematic program for IMH professionals.

And common tasks for both local and national level are; to create competency guidelines for IMH professionals in Japan and to organize training models for each profession, such as psychologists, nursery school teachers and so on.

P244 The concept of Intersubjective and Intercultural In-vivo Research (I3-R) on emotional-regulative processes in Caregiver-Infant dyads in institutionalised at-risk lifeworld conditions in rural India and Tansania

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The relationship between social structures in communities, depending and intricately entangled with a given national policy, and lifeworlds of socioeconomically deprived families must be examined in cross-disciplinary perspectives. Research can elucidate the effect of at risk-lifeworld-conditions on the quality of single mother (or caretaker) -infant interactions, conditions that influence the temporal structure of single vocal interactions. In this research project we investigate the protoconversation in 0 – 3 months old children, the relation between temporal structure (voice, facial expression and body movements) and the precursors of speech related to cultural specifics of these interactions. This presentation consists of three parts: 1. The analysis of caretaker-infant interactions gained in a remote orphanage in Lushoto, Tansania (case study, microanalysis of c-i-interactions based on in-vivo-recordings and camcorder recordings including the presence of researcher/third person), 2. Discussion of the field-distortive effect regarding the presence of a third person and the implementation of advanced autonomous recording systems, 3. The actual refinement of research strategies at vulnerable places in South India (orphanages, balwadies/kindergarten, at-risk lifeworld conditions in single families with low SES)

Our in June 2015 finalized research project in Lushoto in close collaboration between Leibniz University Hanover, the Sebastian Kolowa Memorial University (SEKOMU) and Irente Childrens Home, focusing on c-i-interactions at vulnerable places, serves for further argumentation for a close and balanced collaboration between applied science (BabyLab I³-R INCLUDE for applied intercultural and intersubjective in-vivo Research, Leibniz University Hanover) and fundamental research in developmental psychology. We identify a strong need for interdisciplinary research strategies between applied and basic sciences regarding intergenerational transmission of relational trauma, social exclusion, institutional change and the actual relevance of modern discourses on biopolitics regarding migration and the implicate/explicite influence on each kind of vulnerable place.

P245 Space and place - early intervention for children with autism

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Introduction: Current practice in Early Intervention emphasises the importance of Early Intervention for children with Autism and the role of the parent. Research on Early Intervention and Autism has proliferated internationally, however parents of children with Autism are failing to play with their children resulting in poorer engagement and increased isolation.

Aims of the study: This research aimed to explore interventions that encircle children and caregivers, observing movement, rhythm and intersubjectivity - where children with Autism engage and connect in the context of relationships.

Material and methods: Through qualitative, longitudinal and in-depth case studies, parents and caregivers of children with Autism (n=5) aged between two and six years old were interviewed over a fifteen month period. Children were observed in the context of Puppetry interventions. The entire sample included semi-structured interviews (n=83) with parents, teachers and professionals from Early Intervention teams and a school based team. Phases of the research coincided with transitions from home, Early Intervention and school settings. Creative research methods involving imitation, movement, puppetry and engagement with children who struggled to communicate or interact were developed.

Results: The findings suggest that conceptualisations of engagement need to explore what Stern (2010) and Trevarthen (2009) refer to as movement, musicality and the dance of early relationships. Movement is a critical element in a non-verbal knowing of the world and the connected state of parent/child dyad.

Conclusions: There is a need for further research and training specifically designed to improve engagement between non-verbal, pre-linguistic children with Autism, their parents, teachers and peers. We need to develop interventions utilising creative methods drawing on the arts that support engagement and move from 'being' towards 'being with'.

P246 Perinatal and infant mental health (PIMH) training in a rapidly changing world, Sydney, Australia

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The PIMH Training at the NSW Institute of Psychiatry (NSWIOP) has undergone a major revision in 2015-16, since its creation in 1998. The course revision was required to align all the NSWIOP courses with Australian State and National Accrediting bodies and other national tertiary education providers. Our training draws students from the Australian continent and across the sea from New Zealand. In a rapidly changing education environment, our course has moved from totally face-to-face in 1998 to fully online delivery, with web-conference supervision, by 2015. This meant the loss of our student residential blocks and came at a cost to their networking and building supportive relationships with their tutors. We continue to strive to create and maintain connections between and with our students with Web Forum and Web Conferencing. But is this enough and what can we do to improve our interaction with students and between them? Web Conferencing is an improvement from teleconference, for Infant Observation and Clinical Reflective Supervision, and the need for reflective practice is further enabled with reflective journals. We would like to improve the interaction, with and between our students, to overcome the vast geographical distances that are the current experience in Australia and New Zealand.

P247 Developing innovative strategies to enhance reflective practice and supervision

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The growing use of reflective practice and supervision across early childhood disciplines has led to a significant need for better training of reflective supervisors, monitoring of the quality of the work, and infrastructure supports for the process. Many reflective supervisors operate in relative isolation, unsupported in the difficult work they are doing. Improving the capacity of professionals to do this work, in ways that reflect its intent, is a challenge.

Aims/Purpose: Workshops and seminars, focused on theories and the knowledge base underlying reflective supervision, are readily available. However, locating skilled mentors available to provide support for those new to reflective supervision and those providing reflective supervision in isolation is a challenge. Further, little is available to insure quality and fidelity to principles underlying reflective practice. The purpose of this project was to develop strategies for mentoring and quality assurance.

Description of the work: This project focused on developing innovative mechanisms for on-line support systems, specialized training, and quality assurance checks to help reflective supervisors improve their work. Monthly two hour WebEx calls were conducted with groups no larger than eight by experienced interdisciplinary mentors. Groups were created based on experience.

Conclusions: Following two pilots of WebEx calls with six groups, a focused and multi-pronged approach was instituted with reflective supervisors from home visiting programs. Pre-tests of knowledge and confidence in conducting reflective supervision were followed by monthly WebEx calls, two webinars on supervision challenges (e.g., supporting home visitors working with mothers with mental illnesses), and video clips of supervision sessions. Process notes to measure changes reflected in conversations over time were kept by the mentors. Value of the approach will be shared and discussion will focus on lessons learned in doing such virtual work.

P248 Developing innovative strategies to enhance reflective practice and supervision

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Center for Prevention & Early Intervention, WestEd, Sacramento, California, United States

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P249 Neonatal Brazleton Assessment Scale (NBAS) training in sydney, australia, to keep pace with rapid change in a large geographical area

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The Neonatal Brazleton Assessment Scale (NBAS) is well accepted as a reliable assessment tool to measure the competencies of neonates. The availability of NBAS trainers in Australia has been limited to Ms Beulah Warren, the only accredited trainer of the NBAS in Australia. In order to increase the availability of trainers and practitioners in NSW and beyond, a training program was offered in early 2016. Recruitment of trainees was by personal email and a brochure on the National AAIMHI Website. This differed from previous training, which responded to a “demand” from interested workers. An introductory workshop was held over a weekend at a central location in the Sydney suburbs. It was felt that the training would offer past PIMH students an opportunity to build on their Infant Observation skills and network with other workers. The students observed an NBAS demonstration and followed the NBAS manual. The trainees went back to their workplace to perform the required number of practice procedures and to return later for assessment and accreditation. The assessments will be completed in groups or individually over the last half of 2016. This talk will outline the methods employed to recruit trainees from all over NSW, and beyond, and train and support them to gain the necessary experience to qualify, over the next 6 months. It will also discuss the perceived need to offer past students other workers a face-to-face training and opportunity for networking and collegial support, and to build on the observational and reflective skills of past PIMH students, gained in completing their infant observations in Year 1 of the Master of Mental Health (Perinatal and Infant) program.

P250 An overview of the MI-AIMH Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®

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Since 2002, the MI-AIMH Competency Guidelines for Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® have been adopted in 24 US IMH associations plus Western Australia, with expectations for further growth. The implementation in each association strives to uphold the standards while respectfully responding to a vast range of cultures, languages, learning styles, and tribal practices. Discussion will include lessons learned, and the parallel nature of the competencies themselves.

P251 Translating and adapting MI-AIMH Competencies® into an Australian Context: Implementation of the AAIMHI WA Competency Guidelines®

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Western Australia, Australian Association for Infant Mental Health, Perth, Australia

A key strategic aim for AAIMHI WA is to build both capability and capacity in the Western Australian workforce. Adopting the MI-AIMH Competency Guidelines, which are internationally recognised as the gold standard in Infant Mental Health (IMH), has been identified as the most effective way of building workforce capacity and increasing coherence in the sector. AAIMHI WA purchased a licence from the MI-AIMH to adapt the MI-AIMH Competency Guidelines® and use them as standards to promote IMH in Western Australia. The AAIMHI WA Competency Guidelines® were officially launched in March 2015.

This presentation will explore the processes involved in reviewing and modifying the MI-AIMH Competency Guidelines® to ensure that all terms and provisions were culturally appropriate for the Western Australian context. It will outline how the AAIMHI WA Competency Guidelines are positively impacting on workforce development, identify challenges that AAIMHI WA faces in these early stages of implementation and discuss opportunities for increased collaboration and coherence across the various disciplines working with families and young children. Cultural issues in Western Australia will be highlighted and processes of moving forward to ensure the AAIMHI WA Competency Guidelines are appropriate for Aboriginal and Torres Strait Island communities will be discussed.

P252 Addressing Complex Challenges: A Culturally Sensitive, Competency-Based Course for IMH Clinicians

Watanabe, H.

FOUR WINDS, Association for Infant Mental Health, Yokohama, Japan

Creating a culturally sensitive infant mental health practice is a challenge in Japan with an intricate combination of rapid industrialization after the World War II and deep-rooted cultural constraints on mothers. The FOUR WINDS Association of Infant Mental Health, founded in 1997, has created an open forum for nationwide infant workers in the field. Its current endeavor to develop an advanced course for experienced clinicians in line with Infant Mental Health Specialist (III) of MI-AIMH Endorsement® will be presented.

Poster Session 9: Parenting and family process

P253 Adolescent mothers' implicit beliefs about parenting and their retention in a home visiting intervention

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Research on implicit theory has linked individuals' learning beliefs with their subsequent achievements and persistence (Dweck et al. 1995, Molden & Dweck, 2006, Nussbaum & Dweck, 2008). However, parents' beliefs about the learning domain of parenting have been virtually ignored within this literature. This is an oversight with important implications for understanding parents and implementing parenting interventions, especially within at-risk contexts. This study explored adolescent mothers' implicit beliefs about parenting (*meta-parenting mindset*). Given the high rate of attrition for interventions serving adolescent parents, we also explored the

alignment of young mothers' implicit beliefs and their participation in a home visiting program, given high rates of attrition in parenting interventions. This qualitative study included a sample of 40 adolescent mothers participating in the [program name removed for review] home visiting intervention. Iterative coding and theme analysis was conducted using semi-structured interviews over two time points: during pregnancy and approximately a year later. Qualitative analysis identified three groups of participants: fixed theorists, incremental theorists, and mixed theorists. Fixed theorists (beliefs that parenting ability is fixed) had a lower retention rate in the program (14%) compared to the overall rate of the sample (42%). Incremental theorists, (beliefs that parenting shows growth and effort), had a 50% retention rate. Mixed theorists (holding both fixed and incremental beliefs about parenting ability) also had a 50% retention rate. Parents with some incremental beliefs had higher retention rates than those that didn't. Parents' implicit beliefs as learners in the domain of parenting have been overlooked. This study takes a step toward filling the gap in the research canon in exploring parents' implicit beliefs about parenting. This investigation reveals an important connection between implicit beliefs about parenting as a domain of learning and program retention/dosage that may inform both research and intervention practice.

P254 Psychopathological and emotional impacts of cancer diagnosed in perinatal period: comparative analysis (ECHOCALG French Study)

Ferrere, R.^{1,2}

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Cancer is the second cause of death in pregnant women and about 2/1000 women receive this diagnostic during pregnancy or post-partum. This event can generate difficult emotional states and represents a high psychopathologic risk situation for these mothers. It may also impinge on the parenthood process. ECHOCALG study is one of the first systematic and comparative studies that aims at assessing psychological impact of cancer diagnosed during perinatal period. These data concern 24 mothers diagnosed with any kind of cancer during perinatal period : 7 are under treatment, 17 have completed their treatment and are under medical supervision (remission). Control group is composed by 17 healthy mothers in the post-partum period. Emotional and psychopathologic states were evaluated by PSS14 (Cohen, Karmack et Mermelstein, 1983) for perceived stress level, by STAI-Y/A (Spielberger et al., 1983) for anxiety state level and BDI (Beck, 1974) for depression level. Results show that negative emotional states are more important in sick mothers : perceived stress level and anxiety state level are significantly higher. However, although signs of depression are present they seem to be not noisy. Period of treatment seems to influence this negative emotional states because women in remission show no signs of anxiety state and no depression, but only a moderate level of perceived stress.

P255 Predictors of stability and change in maternal and paternal sensitivity in the first 18 months postpartum

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Introduction: Parental sensitivity is a strong determinant of positive parent-child relations and outcomes in children. It is thus crucial to understand which factors will foster the development of sensitive parenting. A few positive (parental self-esteem, coparenting support, marital satisfaction) and negative factors (depression, socioeconomic adversity) have been identified as predictors of

maternal sensitivity, however, much less is known about paternal sensitivity and its correlates. Moreover, very few longitudinal studies have compared the evolution of maternal and paternal sensitivity in the early childhood, and the factors that will influence this evolution.

Aim of the study: The aim of the present study was to investigate parental self-esteem, socioeconomic status, depression, marital satisfaction, and coparenting as predictors of stability and change in maternal and paternal sensitivity in the first 18 months postpartum.

Method: At 3 (T1), 9 (T2), and 18 months postpartum (T3), each parent completed a 3-minute parent-child free play. Parental sensitivity was assessed with the CARE-Index, whereas parents completed self-report questionnaires to assess the hypothesized predictors (T1).

Results: Results showed no difference in scores of sensitivity and correlations between both parents' scores; scores increased linearly and concurrently for both parents from T1 to T3. The main predictor of parents' baseline score was higher maternal SES, whereas fathers' score was also negatively predicted by coparenting teamwork assessed by mother. Increase in both parents' sensitivity from T1 to T3 was negatively predicted by maternal depression and coparenting respect assessed by father. Finally, coparenting teamwork assessed by one parent positively predicted the other parent's increase in sensitivity.

Conclusion: Mothers and fathers capacity to be sensitive parents is similar and seems to increase in the early postpartum. Differences exist, however, regarding the factors that will influence the development of this capacity.

P256

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About 2/1000 women receive a diagnosis of cancer during the peripartum period. Sick women have to adapt to the illness and to side effects of treatment on the one hand, and on the other they have to become mother and to adapt to their baby. In this context cancer adjustment and motherhood may be in conflict. However, these processes also may have a reciprocal influence one over the other. ECHOCALG study is one of the first systematic and comparative studies that aims at assessing psychological impact of cancer diagnosed during perinatal period, the influence of cancer on the motherhood and the influence of motherhood on the cancer adjustment. These data concern 24 mothers diagnosed with any kind of cancer during perinatal period : 7 are under treatment, 17 have completed their treatment and are under medical supervision (remission). Motherhood process was evaluated with tools derived from Stern Interview R that evaluates maternal representations. This tool allows to compute a score of maternal positivity and a score of maternal facility. Cancer adjustment strategies were evaluated by MAC44. These observations have been completed by data from interviews. A positive link was found between difficulties of adjustment and positive motherhood indicators in sick women who are under treatment. Further, score of facility maternal is positively linked to denial of cancer. Among mothers in remission the score of maternal facility was positively linked to positive cancer adjustment strategies.

Conclusion: There is a reciprocal influence relationship between motherhood and cancer adjustment. Sick women under treatment seem not to be able to positively manage cancer adjustment and motherhood in the same time, unlike mothers in remission. Psychological support has to integrate both cancer and motherhood problematics in order to be efficient.

P257 Mid-level developmental assessment: Engaging families in shared decision-making
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Introduction: Developmental or behavioral concerns identified through developmental screening can range from mild to severe. Mild concerns will be detected in a modest proportion of very young children, but their delay is likely insufficient to qualify for certain interventions and services with stringent eligibility criteria. Our knowledge about the benefits of early intervention highlight the need to address this gap and enable developmentally vulnerable young children to access needed services.

Purpose: Mid-Level Developmental Assessment (MLDA) offers an alternative or “mid-level” option for young children with more mild to moderate concerns. MLDA provides brief, expedient assessment of children with behavioral or developmental concerns identified through surveillance and screening and triages these children into community-based intervention services or higher-level evaluation.

Description: The family and others involved in the child's care are integral partners during the MLDA evaluation. MLDA encourages full participation from the parents/caregivers, through a formal Parent Interview and completion of a parent functioning measure. Following the play-based assessment with the child, the family participates in the development of an individualized family service recommendation plan provided as part of a family feedback session. A key objective of this session is to validate the family's concerns and provide them the opportunity to engage in shared decision-making in identifying goals for the family and child. The lessons learned from engaging parents in the assessment process have significant clinical implications for other countries seeking to engage parents and families in promoting resilience in early childhood.

Conclusion: Dissemination of the MLDA model offers a strategy to engage the family in the assessment process and in development of a family service and recommendation plan. Ultimately, the MLDA builds on the family's strengths for service planning and promotes resilience among parents and caregivers at a critical juncture in the young child's developmental trajectory.

P258 Challenges facing immigrant fathers in Quebec: a family affair

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Introduction: Immigration is a growing global phenomenon. Yet the number of studies on issues confronting immigrant fathers and on services provided to them in countries such as Canada remains low.

Aims of the study: The aim is to identify convergences between different studies on the issues facing fathers as they become integrated into Quebec society, working from an ecosystemic perspective, to identify approaches for family practice with respect to immigrant families.

Material and methods: We performed a meta-analysis of five studies conducted in Quebec (Canada) since 2008, as published in four reports and four articles.

Results: In total, researchers met with 50 fathers of various backgrounds and five practitioners working with immigrant fathers. The studies were conducted with immigrant fathers settled in two regions of Quebec. Cross-analysis of the content of the studies revealed five major issues

surrounding immigrant fathers in Quebec: 1) the difficulty of fulfilling the critical role of provider in a post-immigration context; 2) the loss of connection to a support network; 3) the redefining of conjugal relationships; 4) the reconfiguration of paternal roles and of relationships between father and children; 5) access to institutional and community services.

Conclusion: Potential avenues for improving family practices with respect to immigrant families are identified. Challenges for family research and education are also discussed.

P259 A pre, post and follow-up evaluation of the 'Understanding your child's behaviour' (UYCB) group: a parenting group intervention based on the Solihull Approach.

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Background: Untreated conduct problems in children have been linked to the development of a number of adverse outcomes in later life. Parenting programmes have been suggested as the treatment of choice (NICE, 2013). Understanding Your Child's Behaviour (UYCB) is a 10 week parenting programme based on the Solihull Approach, an integrative theoretical model bringing together the concepts of containment, reciprocity and behaviour management, from psychoanalysis, child development research and learning theory respectively. A previous study of UYCB yielded positive outcomes in the areas of child behaviour and parental wellbeing. The current study sought to measure changes in child behaviour, parental well-being, and the parent-child relationship, and incorporated a three month post intervention follow-up.

Method: Participants were recruited from two research sites. A within-subjects repeated measures design was used. Parents were asked to complete questionnaires assessing child behaviour (SDQ), parental well-being (DASS-21) and parent-child relationship (CPRS), at pre-group, post-group and follow-up (3 months after the group had finished) time-points.

Results: A total of 160 parents completed questionnaires at the pre-group time-point, 119 at post-group and 35 parents at the follow-up time-point. Short-term (pre to post group) outcomes showed statistically significant improvements in the areas of child behaviour, parental well-being and the parent-child relationship. The analysis of data for those parents who completed questionnaires at the follow-up time-point showed a trend in the data towards stability of gains over time.

Conclusions: Findings showed that attendance at UYCB has a positive impact in the areas of child behaviour, parental well-being and the parent-child behaviour, both in the short and longer-term. However, limitations of the study, including the lack of a control group for comparison and reduced sample-size at the follow-up time-point are discussed.

P260 Modern societies and child contributions: vulnerable parents, caregiving child

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Introduction: The question of child's contribution to the family is posed with great acuity in modern societies. Adult stresses and concerns are everywhere. Burn-out, job loss, economic insecurity, terrorist attacks, climate change and a cancer epidemic are a daily reality. Insecurity and precariousness of relationships are also a major concern in occidental families; couples are not meant to last forever, bonds to families of origin seem more tenuous and the community doesn't offer the same support as it used to. In this context, parenthood is evolving and searching for new marks. The child is then faced with vulnerable adults and parents. He grows up with this insecurity and develops a sensitivity to it.

Purpose and description: In this context, the place and the role of the child are increasingly questioned. If a child helps a parent or takes care of them, the terms “parentified child”, “parental child” or “adult child” are used equally. Indeed, although the parentification concept has existed since the early 70’s, it is often misused and/or confused with other concepts. However, these concepts hide different processes that have very different impacts on the child’s development. In the present communication, based on our doctoral research (Haxhe, S., 2013) and clinical practice experience, we will try to make the distinction between these concepts and to illustrate them.

Conclusions: Throughout study cases, we will illustrate different types of child’s contribution to family within different family configurations. We are convinced that by a better identification of each configuration, we can help therapists and social workers in their interventions with children and their families in a society in constant evolution.

P261 What happens when the traumatized child grows up and becomes a mother? the Mediational value of self-efficacy on the relationship between reflective functioning, attributions, and parenting competence

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Detrimental effects of childhood trauma are well documented with emotion regulation difficulties and increased psychological symptoms being highlighted (De Bellis & Thomas, 2003). Additionally, parent-child relationships can be disrupted when parents experienced childhood trauma (Scheeringa & Zeanah, 2001), demonstrating that parenting behaviors often reflect how individuals were parented themselves. Further, approximately 30% of parents who experienced childhood trauma display abusive behaviors with their children (Kaufman & Zigler, 1987). To identify protective factors against this pattern of intergenerational trauma, this study examined the relationships among mothers’ childhood trauma, parenting self-efficacy, reflective functioning (RF), attributions, and parenting competence in 126 diverse mothers who had young children ranging from 1½- to 5-years of age. Our analyses examined the mediational role of Self-efficacy (via the Self-Efficacy for Parenting Tasks Index) for the relationship between RF (via the Parental Reflective Functioning Questionnaire) and attributions (via the Parental Attribution Test) and parenting competence (via the Parenting Sense of Competence Scale and the Parenting Stress Index) in the context of mothers’ childhood trauma (via the Childhood Trauma Questionnaire), examining differential patterns in this relationship in the overall sample and in mothers with trauma histories. For the overall sample, mothers’ RF and self-efficacy predicted significantly mothers’ parenting competence, $F(2,123)=108.22, p<.001, R^2=.06$. Individually, mothers’ RF predicted significantly parenting competence ($p<.005$). When adding mothers’ self-efficacy, RF decreased in significance ($p<.06$), and only mothers’ self-efficacy remained a significant predictor of parenting competence ($p<.001$), demonstrating the mediational value of self-efficacy. Interestingly, for mothers in the trauma sample, RF failed to predict mothers’ self-efficacy $F(1,67)=2.22, p<.10, R^2=.04$. These discrepancies suggested a unique relationship between the present variables, highlighting the importance of trauma-informed parenting interventions targeting parenting competence and the utility of mothers’ self-efficacy, RF, and attributions in treatment effectiveness.

P262 Is it worth to rehabilitate the substance-abusing pregnant woman and families with infants? - Mother's rehabilitation stories in the Holding Tight® -treatment system

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In Finland around 60 000 babies are born yearly, of which 6% have mothers with alcohol or drug problems. The Federation of Mother and Child Homes and Shelter's Holding Tight® -treatment system is comprised of mother and child homes and open care units specialized in treating substance abuse. It combines child protection and addiction treatment and forms base for child-centered substance abuse work in the Federation. Pregnancy and infancy provide a special window of opportunity for rehabilitation. Holding Tight® -treatment system includes: support for early interaction, addiction treatment, elements of the therapeutic community and reflective working method. The reflective working method and worker's improved emotional intelligence creates a new kind of culture in addiction treatment. According to studies, when mother and baby pairs undergo treatment together, the mothers reflective functioning improves. Most mothers who were in the Holding Tight® -treatment were able to function as their child's primary carer when the child was two years old. The poster presents mother's rehabilitation stories in the Holding Tight® -treatment system and other results on the effectiveness of rehabilitation. Recovery from substance abuse is a long process and requires a complete life change. These results strengthen earlier research results according to which the parents' and their babies' simultaneous rehabilitation improves the parents' recovery from serious addiction and is also a meaningful time for the babies. The results tell of rehabilitation and of moving forward in life. In the stories of the rehabilitated mothers, three different rehabilitation story types turned up. These are a survival story, a balancing story and a growth story.

P263 Developing a culturally responsive practice using mellow parenting in New Zealand

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Mellow parenting is a group parenting program for parents and their babies, infants, and preschoolers, who have poor attachment relationship, and/or difficulties meeting their child's needs for social-emotional development, behaviour management. The program's framework is designed to reach parents who have had neglectful or traumatic histories of caretaking themselves, and have come into parenting with little capacity or experience in providing a secure base for raising their children. Ohomairangi Trust is a community based provider of Early Intervention Services for babies, young children and families in Auckland, New Zealand. We have been providing a culturally adapted version of Mellow Parenting for our diverse, multi-cultural, low socio-economic community for over 7 years now. There have been very positive results from research evaluating the effectiveness of the program in New Zealand to date (pilot study 2009, follow up study 2010, and Father's group study 2015). This workshop will explore the critical aspects of the program's content and delivery, in terms of how it meets the needs of mothers and fathers and their children, with a particular focus on how this program interacts with the participant's culture. The nature of this workshop is to provide opportunities for the audience to explore and discover what cultural strengths and gifts they bring into group work, and how this interacts with the culture of other practitioners and participants. The presenters of this workshop are both experienced facilitators in Mellow Parenting, and also deliver training for facilitators. Lyn Doherty is an Education Psychologist, Early Intervention Teacher, parent of 4 children and

grandmother of 6 mokopuna. She is currently completing her PHD thesis. Kararaina Penehira is an Early Intervention Teacher, parent of 1 child, and grandmother of 3 mokopuna. She is currently studying towards her Masters in mental health.

P264 Prenatal Attitude Screening by Home Visitors or Educators: Potential for Child Abuse and Neglect

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Introduction: Women's experiences before and during pregnancy are linked to postnatal parenting behavior. For example, women are more likely to abuse their child when they experienced abuse as a child or delayed prenatal care. However, the link of malleable risks to child maltreatment is less studied. We examine the validity of a tool being used by home visitors to identify risks during pregnancy.

Methods: Participants enrolled in a state-level evaluation of home visiting programs in the US during pregnancy. Participants were included in this study if they were assessed after the child was born (N = 243). We report on assessments at 6 weeks and 6 months. Most families identified as white (52%) and was a first child for 37%. The Family Map Inventory (FMI) was used as the prenatal screening tool (PN-FMI) and to assess parenting stress after the birth (Infant-Toddler FMI; IT-FMI; Whiteside-Mansell et al., 2012). The PN- and IT-FMIs are easy to use and un-intrusive (i.e., doesn't directly ask about abuse history). The Adult-Adolescent Parenting Inventory (AAPI-2; Bavolek, 1990) permit the identification of high-risk parenting attitudes and child rearing practices (e.g., inappropriate expectations, corporal punishment).

Results: PN-FMI scales (Unrealistic expectations of child behavior and Beliefs related to Discipline) prenatally assessed were predictive of postnatal AAPI and parenting stress (controlling for trimester, child age, and number of children in home). Appropriate discipline beliefs were positively related to the AAPI and negatively to parenting stress at both assessments in the first year of life. Unrealistic expectations of child behavior were associated with early AAPI.

Conclusions: Prenatal screening for unrealistic or inappropriate attitudes was useful in the identification of families with infants who may be at risk during the newborn period. The FMI is easy to use and has been used to tailor individualize intervention efforts and evaluate results.

P265 The Role of Infant Gaze Patterns in Triadic Family Interactions at 3- and 12 Months Postpartum

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Family researchers have demonstrated that coparenting dynamics play an important role in infant functioning (McHale & Irace, 2011). Infants' ability to share their attention with both parents by rapidly shifting their gazes between them (triadic capacity) has in turn been linked to the quality of coparenting in families (Fivaz-Depeursinge et al., 2012; McHale et al., 2008). It is unclear whether infants' early gaze patterns predict subsequent gaze patterns and coparenting dynamics at 1 year postpartum. This study's aim was to observe infants' gaze patterns longitudinally in order to determine their role in concurrent and subsequent coparenting dynamics. A sample of 54 families (predominantly white, middle-class) was observed during the 3-month Lausanne Trilogue Play situation (LTP, Fivaz-Depeursinge et al., 1999), which included parent-child play, 3-together play, and parent dialogue, and during 12-month family play and mealtimes. Coparenting dynamics were coded using the Coparenting and Family Rating Scale (McHale et al., 2000), while infant gaze

patterns were coded in 0.5 second intervals for gaze direction, length of gazes at parents, and infants' gazes switches between parents (adapted from Fivaz-Depeursinge et al., 2005). Findings indicated that infant gaze patterns were consistent between 3 and 12 months. Three-month-olds who gazed more at mothers and used more gaze switches during the mother-child and 3-together play segments of the LTP came from families with concurrently more harmonious coparenting dynamics. Coparenting at 3 months did not predict subsequent infant gaze patterns, though 3-month-olds' gaze patterns during the mother-child and father-child segments of the LTP predicted harmonious coparenting at 12 months. Twelve-month-olds who alternated gazes between parents more came from families with greater concurrent paternal warmth and investment, though also with greater parental verbal sparring. In conclusion, 3-month-olds' gaze patterns helped to shape concurrent and subsequent coparenting, though the influence of 12-month-olds' gaze patterns on coparenting was context-dependent.

P266 The Family-Couple-Parenting Questionnaire: structure and content of a new measure for long-term couples and young adults

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Parental investment is associated to caregiving system development (George & Solomon, 1996; 2010), based on the processing of early parental bonds during young adult phase and on the construction of couple relationship, where the young adult trains his caregiving system in a symmetrical bond for the first time. Since last decades, leaving the family of origin and investing in the pair bond have been delayed (Mulder, 200; Tagliabue et al, 2014). Thus, it is important to understand how the idea of becoming a parent emerge within this context. This work describes the construction of Family-Couple-Parenting Questionnaire (FCP), a new measure of three aspects related to developmental path toward parenting choice, within the family life cycle perspective and attachment theory. Two studies are reported. Study 1 analysed the development of the FCP questionnaire and its psychometrical properties. Study 2 analysed the FCP's nomological validity by investigating group differences on FCP-factors and links between FCP-factors and romantic attachment (ECR-R) and recalled parental bonding (PBI), is analysed in Study 2. Participants were 791 Italian subjects: 405 young adults (203 students and 202 workers) and 193 couples (91 childless-by-choice and 102 parent-to-be).

In Study 1, exploratory factor analysis identified three subscales: 1) *Value of being in a stable couple*, 2) *Importance of having a child for personal fulfilment*, and 3) *Difficulties in becoming independent from the family of origin*. Confirmatory factor analysis (CFA) satisfactorily reproduced this tri-factorial model. Internal Consistency (Cronbach's α) ranged from .58 (Factor-3) to .68 (Factor-2). Study 2 revealed that most of the associations between FCP-factors, parenting choice, romantic attachment dimensions and recalled parental bonding, were consistent with the theoretical framework. Our results suggest that FCP's stable psychometric structure and strong theoretical basis make FCP a useful instrument for research on different paths toward parenthood.

P267 Qualitative research on the speech of parents having adopted after the earthquake in Haiti, January 2010

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All universal questions concerning filiation are highlighted by international adoption, "the ideal place for the projection of humanity's common fantasies." (Soulé) The approval procedure considered as "psychological pregnancy", the first meetings and the first months of cohabitation are a turning point in the construction of filiation. These moments can be traumatogenic for parents. The meeting may be hampered, as well as the child's entry in the family myth. Five years after the earthquake in Haiti, we are interested in the subjective experience of parents who have adopted children, immediately after this natural disaster. This multicenter qualitative study, focus on the future of families who were supported by the medical and psychological devices at Paris airport and in Guadeloupe, immediately after the earthquake in Port au Prince. Each evaluation includes a semi-structured face-to face interview with the parents. We use a qualitative methodology to analyse the interviews' content (Interpretative Phenomenological Analysis). The proposed study, aims to provide a thorough understanding on the establishment of filiative link in an emergency context, and in addition, to consider and adapt the support for adoptive parents and for children exposed to trauma.

P268 Observation of family interactions with the Lausanne Trilogue Play - developmental and clinical issues

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This longitudinal prospective and multi-informant study based on a three-wave research program (pregnancy, 12 months postpartum, and 16 months postpartum) aimed to determine the process of construction of family alliance, as assessed by the Lausanne Trilogue Play. A model using parents' individual characteristics (i.e., personality traits and attachment orientations) as distal variables, coparenting as a mediator, child's temperament as a moderator, and family alliance as outcome was tested using structural equation modelling on 62 non-referred families. Results showed that both parents' Conscientiousness was positively and mothers' Avoidant attachment and fathers' Anxious attachment were negatively and indirectly (via coparenting) associated with the family alliance. The discussion underlines mothers' and fathers' different roles and the importance of coparenting as a core mechanism in the development of family alliance.

P269 What kind of parenting in families referring to a neuropsychiatric service?

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Introduction: Children psychopathology is frequently associated to family dynamics moreover for internalizing and externalizing problems. The quality of parent-infant interactions seems to be related to the development of the symptoms and should be direction the clinical proposal in terms

of the intervention that best fit the limits and resources of family members. Prevention programme indicate the importance to include parents in the psychodiagnostic assessment.

Method: The target group is recruited at S.C.I.A.F. (Padua, Italy) and is composed by 21 20 families with children from 4 to 10 years old (Mean age: 7.57 sd: 1.69). At the time of psychodiagnostic assessment questionnaires about parent empowerment in daily life, alexythimia and child symptoms are completed by parents. Furthermore a brief video-recording of family interactive dynamics is proposed using the Lausanne Trilogue Play. The aims of this study are: (a) to observe parenting skills with their child performing descriptive statistics; (b) to investigate if there are any association between parental competences and the level of children psychopathology performing correlations and comparison between independent group (non parametric tests).

Results: (a) from the mean scores of the LTP we observe a moderate quality of family interactions with some positive/appropriate trends in variables concerning the parental dimension (support and cooperation, conflicts, authenticity). Parents refer a description of good level in parental empowerment (high mean scores) and the absence of alexhytimic traits (mean scores under 51). (b) The results show as lower scores in "scaffolding" and in "support and cooperation" among the parents positively correlates with internalizing and externalizing child's problems.

Conclusions: Family dynamics and in particular parental interactive and affective competences seem to be associated with children psychopathology. These results support the importance to include parents and promote parental support in developmental clinical intervention.

P270 The experiences of a mother and her child with achondroplasia : focusing on one parent-child pair

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Introduction: Achondroplasia, marked by short stature and disproportionately short limbs, causes physical inconveniences such as difficulty in reaching high objects. Children with achondroplasia are likely to experience bullying, teasing, and peer rejection, all of which may result in psychological problems.

Aims of the study: This study explored the experiences of a mother and her child with achondroplasia.

Materials and methods: Semi-structured interviews were conducted with a 10-year-old boy and his mother. This study was approved by the ethics committee of Kawasaki University of Medical Welfare.

Results:

The mother was worried because her son exhibited delayed walking and language development, but was relieved when she learned that these were physical and not mental limitations. She encouraged her son to do things on his own, and although she recommended that he seek help when necessary, she also respected the willpower and determination that usually led him to refuse assistance from friends. She supported his participation in extracurricular activities that did not depend on physical performance in order to emphasize his other strengths. The son had difficulty with physical education classes, but found creative ways of coping. He accepted that he could not participate in certain activities due to the physical strain. He was not bothered by his short stature, but took offense with those who stared or talked behind his back.

Conclusions: The mother was initially worried about her son's physical differences compared with other children. However, she realized that her son was capable in other ways and she chose to focus on his strengths. The child realized he was limited due to his physical characteristics, but was not bothered by this.

P271 Medical risk, maternal depression, and meaningfulness of daily routines: Early predictors of preterm infants vocabulary development and later parent-child interactions

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A greater understanding of protective factors such as the ability of families to develop and create meaningfulness between their daily routine and their goals/values when caring for their very premature infants may provide insight into the longitudinal impact of promoting positive parenting to enhance developmental outcomes. The purpose of this study was to examine associations among early family and child risk and protective factors and later parent-child relationships and child vocabulary skills in the early elementary years of preterm infants. Participants included 20 premature infants, averaging 27 weeks gestation and 1,032 grams at birth. Data were collected one month after the infants were discharged from the hospital and again when they were in their early elementary years. Correlations among parent and child risk variables at NICU discharge and child vocabulary in early elementary suggest significant negative associations. Specifically, child vocabulary was negatively related to maternal depression ($r = -.46, p = .05$) and medical severity ($r = -.48, p = .04$). Mutual enjoyment at elementary age was concurrently, positively associated with child vocabulary ($r = .57, p = .01$) and family connectedness and meaningfulness at NICU discharge ($r = .55, p = .01$). A regression model predicting children's vocabulary from maternal depression, medical risk, and family connectedness/meaningfulness at NICU discharge and mutual enjoyment at elementary age ($F = 5.62, p = .01$) accounted for 63% of the variance, but only mutual enjoyment at elementary age ($\beta = .57, p = .03$) and maternal depression at NICU discharge were significant predictors ($\beta = -.45, p = .05$). However, both medical severity and family connectedness/meaningfulness approached significance. Findings suggest interventions that include an emphasis on family functioning and fostering connectedness in the midst of caring for premature infants may promote positive parent-child interactions that could have benefits into the elementary years.

P272 Mind-mindedness across the transition to parenthood: exploring stability over time, similarity between partners and associations with wellbeing

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Introduction: Mind-mindedness, the propensity to view another as an agent with their own thoughts, feelings and desires, has been linked to parenting quality and attachment security in infancy (Meins, Fernyhough, Fradley, & Tuckey, 2001). Parent mind-mindedness may be compromised by poor mental health, for example, in mothers with depression (Pawlby et al, 2010). To date, mind-mindedness has scarcely been examined prenatally and in fathers (notable exceptions, Arnott & Meins, 2008; Lundy, 2013) and little is known about associations with prenatal mental health.

Aims: This paper has three main questions;

- 1) Do parents provide more mind-minded descriptions of their infants after birth?
- 2) Are couples alike in their mind-mindedness?
- 3) How does pre- and post-natal wellbeing impact mind-mindedness?

Materials & method: *Sample.* 220 first time cohabiting parents (Mum M age = 32.34, SD = 3.49; Dad M age 33.68, SD = 4.16) were seen at 36-weeks' gestation and at 4-months post-partum.

Measures. At both time points participants completed a set of wellbeing measures, including the General Health Questionnaire, State-Trait Anxiety Inventory and the Center for Epidemiologic Studies Depression Scale. Participants also provided five-minute speech samples which are currently being coded for mind-mindedness (Meins & Fernyhough, 2015)

Results: Data collection and coding is complete for the prenatal wave and ongoing for the second wave (completed February 2016). Analyses will include correlations and hierarchical regressions to examine the contribution of early mind-mindedness and wellbeing on later mind-mindedness.

Conclusions: *Implications.* The possibility for intervening during pregnancy to increase mind-mindedness, especially in "at-risk" parents, will be discussed. Consideration will also be given to the ongoing theoretical debate regarding the origins of mind-mindedness (Meins, 2014).

Future directions will be outlined, specifically focusing on associations with video-based coding of parent-child interactions for sensitivity and online mind-mindedness.

P273 Intergenerational transmission of risk: Parents' ACEs and young children's regulation of stress

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Introduction: Self-regulation is an important developmental task with roots in safe environments and nurturing relationships. Early adversity and trauma are associated with biological dysregulation of stress, as evidenced by blunted diurnal cortisol patterns rather than a gradual decrease throughout the day. Less is known, however, about the intergenerational effects of childhood adversity.

Aims of the study: This research explores linkages between parents' reports of adverse childhood experiences (ACEs) and their young children's cortisol patterns.

Material and methods: The sample consisted of 200 high risk infants and children (2- 60 months) attending high quality early childhood centers and their parents. Researchers obtained salivary cortisol in the morning and afternoon. Parents answered a questionnaire assessing ACE scores, recent stressful life events (stress), depression symptoms (depression), and the Parent-Child Conflict Scale (PCC).

Results: Children whose parents reported more depression symptoms and ACE scores exhibited higher morning cortisol concentrations, but similar afternoon levels, compared with their peers. In contrast, a blunted cortisol pattern was observed for children who parents reported higher PCC. Structural Equation Modeling (SEM) identified a model with a good fit of the data, in which parent ACEs positively associated with depression ($\beta = .22, p < .001$) and stress ($\beta = .27, p < .001$); depression ($\beta = .22, p < .001$) and stress ($\beta = .14, p < .05$) associated positively with PCC, and PCC related negatively to the percent decrease of child cortisol ($\beta = -.16, p < .05$), indicating a blunted, less adaptive response to stress.

Conclusions: These findings suggest that parent-child conflict may be the critical link that determines whether parents' own adverse childhood experiences transmit an intergenerational legacy of stress dysregulation, and indicate that interventions focused on strengthening early parent-child relationships are needed to break the cycle of trauma and stress.

P274 Associations between fathers' and toddlers' temperament and mental health

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Introduction and aims of the study: The purpose of this study is to investigate the associations between the fathers' temperament, character, attitudes, psychopathology and temperament and mental health of the toddler.

Material and methods: The parents of toddlers in the preschool settings in Samsun were included in the study (n:200). Their mothers completed "Maternal Sociodemographic Form" prepared by the researcher, and to assess the child psychopathology "Early Childhood Inventory 4" and the temperament of children "Children Behaviour Questionnaire" were scored by the mothers. Their fathers completed "Paternal Sociodemographic Form", and to assess father psychopathology "Brief Symptom Inventory", to determine father temperament and character "Temperament and Character Inventory" and to determine attitudes "Parenting Attitudes Scale" were scored by the fathers.

Results and conclusions: In this study, we found several significant associations between children's temperament and psychopathology and fathers temperament and character, attitudes styles and psychopathology. The scores of paternal harm avoidance increase and self-directedness decrease were found to be significantly positively correlated with negative temperamental characteristics and psychopathology of the children. The democratic attitudes of fathers were significantly correlated with positive temperamental scores and less psychopathology of the children. In addition, overprotective and authoritarian attitudes were predictive for more psychopathology of the children. All domains of paternal psychopathology were found to be in significant association with psychopathology and negative temperamental characteristics of the children.

P275 Using a family-centered bookingmaking approach to reduce toddler problem behaviors and promote their language development through promoting maternal parenting self-efficacy

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Parenting self-efficacy has been associated with parenting practices that promote children's academic success and higher levels of parent well-being. Feelings of parenting self-efficacy may decrease when parenting a child with a disability because common positive parenting strategies that seem to work well with typically developing children may be less effective with children who have behavior or communication problems. In addition, the presence of family stressors may lead to low engagement in early intervention services, low parenting self-efficacy, and infrequent parent-child interaction, all of which are barriers to parents providing the developmental support their children need. We developed a family-centered bookmaking intervention intended to be engaging to all families including those from diverse cultures and those struggling with poverty, depression, or other risk factors. The goal of this intervention was to engage families in co-constructed narratives about everyday events to provide a context for meaningful and extended parent-child conversations and interaction. We examined the effects of our family-centered bookmaking intervention with 89 families and their toddlers receiving early intervention services. Participating early intervention providers ($N = 24$) were assigned to either continue providing

services as usual or participate in training to implement the family-centered bookmaking approach in their home visits. Compared with those receiving services as usual, the mothers in the treatment group showed greater maternal parenting self-efficacy, which in turn, predicted better child language development and reduced behavior problems. A significant interaction of treatment with maternal depression suggests that being in the treatment group reduced the association of depression with parenting self-efficacy. These findings suggest that family-centered early intervention approaches may be effective at increasing parenting self-efficacy, buffering against the potential deleterious effects of depression on parenting self-efficacy, and strengthening parents' confidence in their own ability to promote their children's development, resulting in gains in social-emotional and language domains.

P276 The effect of incredible years (IY) on children's internalizing symptoms

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Introduction: The Incredible Years (IY) Parent Program was designed to promote positive parent-child interactions, reduce harsh/coercive discipline methods and promote children's social and emotional competence. Many studies have shown IY positive effects in reducing children's behavior problems and externalizing symptoms. Considered a "blueprint" for violence prevention, IY has international evidence for both treatment and prevention of conduct disorder. Less studies were conducted to assess the effect of IY in reduction of internalizing symptomatology. The few studies found indicates positive effects.

Aims of the work: We aim to better understand the effects of IY parent program in reduction of children internalizing symptoms.

Description of the work: Data were collected with parents referred to attend IY Parent Program from two different Portuguese geographic areas (Porto and Coimbra). Parent's perceptions about children internalizing symptoms were assessed at pre-intervention and post-intervention using internalizing scales of CBCL (Child Behavior Checklist): Anxious/Depressed; Somatic Complaints and Withdrawn. We expected to found improvements regarding internalizing symptomatology after IY Parent Program intervention. The results are still under analysis.

Conclusions: The results of this paper could highlight the importance of referring parents of children with internalizing symptoms to attend IY Parent Program.

P277 Working with a group - parenting a child with ADD

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ADHD and ADD are neurologic terms, referring to children and adults who experience a variety of symptoms: difficulty in concentration functioning, difficulty in organization functioning, high levels of impulsivity and a general difficulty in social interactions, (in ADHD also high levels of Hyperactivity). Parenting a child with ADD\ADHD often seems as an endless battle, raising stress

and negative feelings for both parents and children, and causing children to grow up with damaged self-esteem. Based on our extensive clinical and research experience working with children with ADD\ADHD at Soroka Medical Center and Ben-Gurion University of the Negev in Israel, we developed a group method of working with the parents alone. The group work combines sensory regulation experiences and group sharing, through which parents experienced positive feelings towards their children's difficulties. The method consists of 10 group sessions, focusing on five topics. Each topic focuses on the parents' experiences first, followed by the child's feeling and experiences within the same topic. During the meetings the parents either experience sensory stimulants or are asked to talk about their own difficulties. These difficulties are linked to the children's difficulties, such as impulsivity, organization problems, and social problems. Sharing with the group has been proven to be a powerful way to enhance parental reflective functioning and to increase parental sense of competence. Parents learn to observe each other, and through this process – to observe their children. This allows them to interpret their children's signals to more directing and relaxing reactions. In addition, through the group meetings, many parents recognize their own difficulties in sensory regulation or show other ADD\ADHD symptoms. This self-understanding helps them become more sensitive to their children, and through the group's process – help themselves regulate the children and create a more positive interaction with them.

P278 Longitudinal connections between early childhood parent mental health, parenting practices, and child attention competence with later child cumulative success in school

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Introduction: Research shows that child attentional regulation, as part of the developing self-regulation system, emerges in infancy allowing for successful regulation of behavior, thought, and emotion, and predicts later social-emotional (Pagani et al., 2012) and academic success (Razza et al., 2012). Based on attachment theory, positive early parent-child interactions influence children's later social and academic competencies (Raby et al., 2014). Early parental supportiveness enhances regulatory behaviors and school-readiness (Brophy-Herb, et al., 2013), whereas early parental depression derails parenting to reduce regulatory behaviors and school-readiness (Zajicek-Farber et al., 2014). However, little information exists on the longitudinal relationship among early parental mental health and parenting practices, and young children's attentional competencies, and children's later cumulative success in middle childhood.

Study aims: To explore longitudinal variable relationships between early parental mental health and parenting practices at 36-months with child sustained-attention and parenting and mental health at 60 months, and the overall cumulative social-emotional and academic success of children in grade-5.

Methods: Using a correlational longitudinal-design with a secondary data analysis of 2977 young children enrolled in federally funded Early Head Start and Research Evaluation during 1996-2010, structural equation model (SEM) estimates variable relationships.

Results: Findings revealed a worthy SEM (Chi-square (df=28)=51.78, p=0.004; CFI=0.990, NFI=0.978, TLI=0.976, RMSEA=0.017), addressing 14% of variance in child later social-emotional and academic success at grade-5. Child attention at 60-months partially mediated home-stimulation at 36- and 60-months, and fully mediated parenting-supportiveness at 36-months onto child later success. Parenting-discipline at 36-months was partially mediated by parenting-depression at 60-months onto child later success. Parenting-depression at 36-months was fully mediated by depression at 60-months onto child later success.

Conclusions: Addressing early parental mental health with parenting practices and young children's attentional competence has a significant contribution to their later developmental success, and thus becomes crucial to identifying intervention pathways that challenge children's development.

P279 The white page. Premie's parents being in-between.

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Introduction: Infants in Neonatal Intensive Care Unit (NICU) represent a crisis for the family. Premie's parents are premature parents; they're rarely prepared for the NICU environment (Brown, Pearl & Carassco,1991) and to face the uncertainty of becoming parents (McNeil,1992) and the feelings of loss, isolation, fear and worry that may characterize their experience (Bauer,1995).

Aims:We aimed at exploring how women and men become parents in the NICU, by focusing on the representations and the emotions that characterize the experience of *being in-between*.

Methods: We asked to 60 parents (29mothers; 31fathers) to write a letter to their child in the NICU. The narratives were analyzed through the software T-LAB by means of a Thematic Analysis of Elementary Contexts (TAEC; Lancia, 2004).

Results: TAEC pointed out 5 clusters (main themes of narratives): C1. Doubt, C2. Prematurity, C3. Process, C4. In-between, C5. The white page. Seen in the factorial space provided by T-LAB, the clusters appear to be aggregated, along factorial axis Y in an area counterpoising themes referring to "Insight" (C1-C3-C5) and "Trauma" (C2-C4); whilst, along the X, we found the opposition of clusters referring to "Stand by" (C1-C4) and "Processing" (C3-C5); C2 is perfectly divided between these two dimensions. Clusters are equally distributed according to gender variable, but C4 more common in fathers (31.2% against 22.6% of mothers) and C5 more frequent in mothers (20.5%) than fathers (12.8%).

Conclusions: Parents described the child's premature birth as an event characterized by feelings of insecurity and anxiety. The transition from couple to the triad seems to have happened too fast so prematurity includes the child and the parents themselves. The NICU appears to be the container in which takes place a double process: the child's growth on one hand and the acceptance and assumption of the parental role by mothers and fathers on the other. As represented by C2's meaning and collocation, the experience of prematurity causes and requires a space-time of suspension-*before becoming parents* and *in order to become parents*-, that produce at the same time a traumatic experience and incentive to insight. The provided opportunity of narration steers towards a first elaboration of this condition to be encouraged and supported.

P280 Caught in the middle: mothering and female identity conflict under work-family pressures.

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Introduction: The increasing presence of women in labor force has modified the modern experience of mothering (Alizade, 2006). Indeed, a deep contrast between the prescriptive images of *ideal mother* and *ideal worker* causes a subjective experience of incompatibility due to the impossibility of perfectly adhering to both images (Sverdlik, 2012), increasing the ambivalence of mothering and determining a female-identity conflict (Brown, 2010). To solve the latter,

sometimes, mothers adopt a model of sacrificial mothering (McCormick, 2010), by resigning from their job; or, they continue working, acting as supermoms doing everything (Kantrowitz, 2013).

Aims: We aimed at exploring the subjective experience of mothers facing the need to balance work/family, as related to their representations of the double-edged modern female identity and connected social expectations. We also questioned if and how women's way to face the conflict (i.e., decision to work or not-to-work) may affect the quality and dynamics of mother-child relationship.

Description of work: 15 working-mothers and 15 mothers-resigned-from-work, with 0-3 children, were involved in three clinical-oriented-consultations about their experience of parenting and work-family-balance. We adopted semi-structured interviews following specific grids of interest (e.g. PDI; Slade, 2002). The 90 meetings' contents were analyzed through Latent Thematic Analysis (Braun & Clarke, 2006) to identify the main meanings related to mothering under work-family needs.

Results: We obtained 21 categories of meaning, then merged into three relevant themes: 1) *fragmentation*: fear of losing pieces of themselves and of the relation with the child due to work, with a consequent search for strategies to keep all pieces together; 2) *phantasy of the perfect mother*: tendency towards an ideal model comparing to which the participants feel failures and guilt; 3) *management of borders* between mothers and children: featured by enmeshment for resigned mothers, whilst by a doubled-center-of-existence in working mothers.

Conclusions: Through a final thematic map and illustrative cases we discuss how these dimensions are connected, by highlighting the ambivalence as prevalent tone shared by all participants, and the symbiotic quality of mother-child relationship as typical of resigned-mothers.

P281 Factors regarding postpartum depression persistence among Japanese mothers

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Introduction: The incidence of postpartum depression reportedly ranges from 10% to 20%. In these persons, depression was not only high when delivering but increased or decreased after delivery. It is necessary to reveal the factors regarding postpartum depression persistence.

Aims of this study: This study investigated factors regarding postpartum depression persistence among Japanese mothers.

Material and Methods: Participants were 1,097 Japanese general population mothers recruited at a public health center in Japan. The mothers' ages ranged from 16 to 45 years ($M = 29.5$, $SD = 5.0$). The mothers answered the questionnaire twice: first, during their infants' one-month domiciliary visit; second, during their infants' three-month checkup. The questionnaire used was the Edinburgh Postpartum Depression Scale (EPDS). The mothers were also asked for their demographic characteristics.

Results: They were assigned to four groups based on the one-month and three-month EPDS scores: both low ($n = 996$), both high ($n = 33$), decreased ($n = 41$), and increased ($n = 27$). Fisher's exact test indicated that the increased and both high groups had a higher rate of the following compared to the other groups: mother's past history of mental disorder ($p < .001$), a low-weight baby ($p = .005$), lack of mother's helpers ($p < .001$), and single mother families ($p < .001$).

Conclusions: Factors regarding postpartum depression persistence were mother's past history of mental disorder, a baby with low birth weight, lack of social support, and being a single mother. Our findings indicated that greater attention should be given to mothers who experience these adversities and interventions implemented to prevent postpartum depression.

P282 Why are women admitted to Tresillian and Karitane residential parenting services in the year following birth in NSW?

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Background: Most Australian States have non-psychiatric day stay and Residential Parenting Services (RPS). Organisations such as Karitane and Tresillian have been providing support for parents of infants and young children since the early 20th century in NSW. The aim of this study is to examine the physical, psychological and demographic characteristics, trends, service needs and co-admissions to other health services of women admitted to RPS in NSW from 2000-2010. This is an ARC funded study.

Method: A data linkage study (800,000 women who birthed in NSW during 2000 to 2010) was undertaken. All women who had an admission to a RPS within the 12-month period following the birth were compared to all women who had not had an admission. Three hundred medical records from the RPS were also randomly reviewed and focus groups undertaken with staff working in both organisations.

Results: Women admitted to the RPS were older, less likely to smoke, less likely to have a normal birth and more likely to have had associated admissions to psychiatric facilities. The trend in psychiatric disorders associated with women who used RPS has increased over time. The majority of the women came from the most advantaged postcodes in NSW and recorded the highest occupation skill level; with 97% speaking English and 72% being born in Australia. Over 50% reported a mental health disorder. There was a higher number of male babies admitted (58.5%) and women having their first baby (60%). Staff identified isolation, high expectations and traumatic birth experiences as contributing to the need for admission.

Conclusions: Women using RPS are highly advantaged and more likely to have had medical intervention during birth. Women with male infants are more likely to be admitted to RPS in NSW.

P283 Considerations in apt use of DC 0-5's new "family axis": Early experiences of a hospital-based infant-family mental health clinic

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The forthcoming DC 0-5 diagnostic system newly acknowledges that the majority of the world's children grow up in multiperson relationship systems (McHale, 2007) and directs practitioners to evaluate the nature and quality of coparenting characteristic of each child's family system. With this important paradigmatic shift comes a need for assessing and conceptualizing the nature of the child's family system dynamics so as to guide case formulation and treatment planning. This report details the operations of a new Infant-Family Mental Health Center at All Children's Hospital/Johns Hopkins Medicine in St. Petersburg, FL. The Center's intake process seeks participation by all attachment figures and residential coparenting adults contributing to the care and upbringing of the child. In cases where fathers are not co-residential their involvement in intake and case planning is explicitly enabled, with accommodations made to maximize the possibility of all coparents attending early sessions. Individual interviews and dyadic assessments with the child are completed with each coparent, and a triangular assessment (the Lausanne Trilogue Play) is also conducted. A distinguishing feature of the intake process is each adult's completion of a "child-centered ecomap" depicting the child's connections to all those with whom

s/he shares a close bond or “heart connection”. Similarities and differences between each parent’s ecomap, as well as between each parent’s report of the child’s strengths and difficulties are reviewed with family members together. All family members remain involved in treatment whether through parallel forms of CPP or through episodic coparenting consultations if the work involves dyadic intervention with a primary caregiver. This poster presents several ecomap depictions and their utility is evaluating the child’s full family system. Case examples illuminate best practices for maintaining a coparenting focus so as to insure that the broader family context supporting the child’s intervention synchronously and mutually supports treatment goals.

P284 Triangular interactive capacities in ASD children: a preliminary study Mazzoni S.¹, Vismara L.², Frisina A.³

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Introduction: Recently, researchers started to study child’s communicative development in triadic context, proving the presence of *triadic interactive competences* by three months of age: the child is able to coordinate three social poles of attention, shifting gaze and affect from one partner to another (*triangular bid*, TB). This competence is influenced by coparenting, which shapes child’s *interactive styles* and family’s triadic configuration (*alliance* vs *coalition*). These findings suggest new lines of research to understand the intersubjective development of children with Autistic Spectrum Disorder (ASD).

Aims of the study: The aim of this study was to evaluate the *preliminary results* about ASD child’s triangular competence and the association between coparenting alliance, child’s interactive styles and family’s configuration.

Material and methods. Twelve families of *children with* ASD were videotaped by means of the *Lausanne Triologue Play* coded through: *LTP* coding system, *Coparenting and Family Rating System* and Lausanne group’s micro and macro-analytic method, in order to examine the child’s interactive style.

Results: As regards triangular competence, five children were able to make triangular bids of the subtype *Engagement* and *Monitoring*. Four children were in High Coordinated families and one in Low Coordinated. TB turned up during 2+1 part (with mother in third position) and fourth part; no TB were made in the third part, when families obtained the lowest scores. Children who made no TB showed less gazes of *Social Engagement* and *Social Monitoring* and more *Tense Monitoring* and *Active Protest* than children who made TB.

Conclusions: Preliminary results underline some triangular communicative competences in ASD children, and their association with family coordination. These capacities emerged in 2+1 but not in triadic context, when families showed more coordination difficulties. The study seems to confirm the role of mother’s *coparenting gatekeeping* in such context.

P285 Child rearing attitude scale and factors affecting it

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Introduction: The effects of variations in parenting can be tracked in children's health, behaviour and well being. The determinants of parenting were multi-factorial and multi-layer, with individual, historical, social and contextual factors.

Aims of the study: The aim of this study was to investigate the effect of the family, maternal and infant characteristics (eating, crying and sleeping) on parenting styles.

Material and methods: A questionnaire including the baby's nutritional properties (being breastfed, nipple, bottle use), infant characteristics (planned pregnancy, sex, birth type, person giving the name of the children, crying and sleep features) the family's socio-demographic characteristics (parent's education, employment status, family type, family income), maternal characteristics (smoking and alcohol use, television viewing time, health problems), brother/sister characteristics (number of living children, health problems, death history), types of family support was filled. Parent Attitude Research Instrument (PARI) has been applied.

Results: A total of 173 children (1-12 month old) and their mothers were used to collect data. Factors including maternal education, working condition, age, sleep disturbance, health problems during pregnancy, social activities, family income, infant sex and health problems affected the infant rearing attitudes. Low maternal education, low family income, watching more television, mother's health and sleep problems increase the negative features of parenting attitude, so for positive parenting attitude increasing mother's education, supporting women in practical life and analyzing the health problems should be supported.

Conclusions: The factors which disturb baby rearing attitudes might be indicated in pregnancy and during child health supervision.

P286 Prenatal discussion about infant and toddler feeding among co-parenting dyads

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Introduction: Despite a growing literature on parenting influences on what and how children eat starting in infancy (Birch, Savage, & Ventura, 2007; Larsen et al, 2015), little research has examined how parents or other caregivers collaboratively construct a family environment related to feeding issues (Patrick, Hennessey, McSpadden, & Oh, 2013).

Aims of the study: Use dyadic interviews to examine the extent and nature of co-parents' discussion about infant/toddler feeding during the prenatal period.

Methods: Twenty-four co-residing, mother-father dyads with a child between 6 and 36 months participated in a semi-structured interview about co-parenting related to infant/toddler feeding and specifically about the extent and nature of their prenatal discussion about infant/toddler feeding. Qualitative interviews were analyzed by both authors using a thematic analysis (Braun & Clark, 2006). Nineteen dyads were married, 17 were both white, and 12 reported older children in the household. Twenty-three mothers breastfed (mean duration = 8.8 months, $SD = 8.7$). Target child mean age was 23.1 months ($SD = 11.4$).

Results: Three general types of discussion were found. The first type was minimal discussion because they had another child already, limited to planning for infant feeding as they had with previous children. In the second type, discussion was limited to mothers planning to breastfeed, to do so for a set duration, and the fathers supporting their decision. In the third type, without having experience with an older child, both parents had ideas about feeding that went beyond breast- or formula-feeding such as how to maintain a healthy diet in early childhood and socialize children to food beyond early childhood.

Conclusion: In order to understand how a family environment related to feeding impacts young children it is important to a) look broader than mothers and b) consider how food-specific behavior patterns in co-parenting are initiated in infancy.

P287 Evolution of fatherhood during pregnancy. The setting of the obstetric ultrasound as a support to the study of paternal representations in men becoming fathers for the first time.

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The ultrasound examination is one of the best periods for perinatal medical and psychological prevention. Clinical research on pregnant women and ultrasound ritual are abundant (e.g., Soulé, 1999; Missonnier, 2004). Although the fathers' involvement in the prenatal care is increasing, the paternal representations' evolution during pregnancy still remains underexplored. The present study aims at exploring the construction of fatherhood during the usual three obstetrical ultrasound examinations and the dynamic of men's experience of pregnancy. We will follow 20 men expecting a child for the first time. After each of the three obstetrical observations, they will be asked to realize a drawing of the image they saw on the monitor during the ultrasound examination. To investigate the psychological dynamic of the fathers, we will use two projective techniques: the Rorschach and the Thematic Apperception Test (T.A.T.). A semi-structured interview will be conducted in the seventh month of pregnancy (Interview for Paternal Representations during Pregnancy; Ammaniti, 1999), to consider the category of paternal representations. In line with a previous research, carried out on the "projective mechanism at work during the ultrasound examination of primiparous pregnant women" (Perelman et al., 2012), we hypothesize that the echographic situation, carrying an image of the future child, is a help to the father and to his fatherhood's construction. The ultrasound image would set-up the paternal representations of the child and of himself as a father. Moreover, we assume a change of paternal representations (relating to the child, to himself as father, to the joint). In a preventive referred medicopsychological perinatal, this study will strengthen collaboration between psyche and soma, considering now parenthood as a whole; this is expressed both by the woman who becomes a mother and by the man who becomes a father. This latter having now a full place in the ultrasound.

P288 Antenatal psychosocial risk factors for postpartum depression and role of anxiety

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Introduction: Postpartum depression is a psychopathological condition that affects 13 to 19 percent of women after childbirth (O'Hara & McCabe, 2013). Negative consequences have been documented in short- and long-term woman's health, in becoming a mother and in mother - child relationship. Many psychosocial risk factors are associated with postpartum depression (Bell et al., 2015; Heather et al., 2011; Righetti-Veltema et al.).

Aims of the study: The aim of the study is to identify the risk factors affecting postpartum depression progress. More specifically, we hypothesize a specific role of anxiety during pregnancy as predictor of the postpartum condition.

Materials and method: 90 Italian women participated in the research from pregnancy to the third month of postpartum. The average age was 32 years (range 18-44), they had not complications at childbirth and all children are born without disease. EPDS (Cox et al., 1987) and STAI-Y

(Spielberger, 1983) were administered to assess depression and anxiety during pregnancy and 3 months postpartum. Mothers' psychosocial risk factors were identified with an ad hoc interview. Results. Depression and anxiety correlate during pregnancy and postpartum. Women with higher number of psychosocial risk factors report an increased risk of postpartum depression during the transition from pregnancy to postpartum. Anxiety in pregnancy predicts postpartum depression even if controlling for depression during pregnancy. Mothers' pre-existing anxiety disorder, mothers' parents anxiety disorder, miscarriages and abuses are the psychosocial risk factors able to predict postpartum depression.

Conclusions: The Identification of specific risk factors of postpartum depression is useful for the implementation of preventive and specific therapeutic intervention during pregnancy. In particular anxiety before and during pregnancy seems to play a key role in determining depressive symptoms in postpartum.

P289 Mental representations of the baby during late pregnancy: measuring the parent-baby relationship in expectant mothers and fathers

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Objective: As pregnancy progresses fantasies, dreams, concerns and ideas about the baby begin shape in the minds of expecting parents. Different terms as "internal working models", "ghosts in the nursery", "internalized role relationships", "imaginery/ phantasmatic baby" and "maternal representations" have been used describe mental representations of the baby in expecting parents. The present study was designed to investigate the concordance between a simple questionnaire about the mental representations of the baby "Representational Baby Expectation Form: RBEF" and parental psychosocial factors.

Method: Expectant mothers (n:245) and fathers (n:150) completed the RBEF (twenty item questionnaire developed by the authors with four subscales as: positive expectations, negative expectations, clear expectations and unclear expectations), socio-demographic data form, Edinburgh Postnatal Depression Scale (EPDS), Adult Attachment Scale (AAS), State Anxiety Inventory (STAI), Multidimensional Scale of Perceived Social Support (MSPSS) and Brief Symptom Inventory (BSI) in the second and third trimester of pregnancy.

Results: Maternal positive expectations about the baby were associated with lower STAI, EPDS and BSI scores, secure attachment style, having a planned pregnancy and were higher in working mothers. Paternal positive expectations about the baby were associated with lower STAI and BSI scores. Maternal clear expectations were associated BSI hostility score and were higher in working mothers. Paternal clear expectations about the baby were associated with paternal age and perceived family support and were higher in working fathers.

Conclusion: This study provides favorable preliminary results about the use of RBEF in the prenatal period. RBEF positive expectation scores concordance with known psychosocial factors, anxiety and depression scores and overall psychopathology scores are in line with the literature.

P290 Reorganization of the marital dynamic and the parental investment when becoming a parent

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Access to parenthood is a disruption of the relational dynamic in a couple. The partners have to develop new status as spouses, lovers and parents. The present study aims at exploring the psychological processes at work within the couple at the time of the transition to parenthood. This relational re-articulation between the expecting-parents leads to the reminiscence of archaic and oedipal movements but also to a set of psychic movements related to generational transmission. We seek to determine how these generational clinical data are built between the two partners when the child is born and how they are reorganized with the development of marital dynamic. We will meet first-time couples at three successive stages from the third month of pregnancy to the infant's third month. Each step has three semi-structured interviews (interview of couple and a personal interview with each partner). In addition, the genogram of each partner is achieved during the first step of research (third month of pregnancy). This allows to investigate how psychic movements are related to the family line of each spouse but also to determine the interaction of each spouses' family lines during the transition to parenthood. At all stages, couples will be asked to individually fill out a *Dyadic Adjustment Scale* (Spanier, 1976; Baillargeon et al., 1983). Finally, the last step of research (third month of the infant) includes the observation of a triadic interaction at a time of free play. We expect to observe the remodeling of the couple's relationship over the pregnancy and after the arrival of the child. Depending on the types of reorganizations alterations observed (functioning more or less flexible / rigid for example), we expect to see common factors between the model of the couple's relationship at work and the investment of parenting in the couple.

P291 Reliability and validity of "the parenting and finding - myself program" evaluation scale

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Intoroduction: We have had "*the parenting and finding - myself program*" for high school students as a subject in a home economics class since 2013. The aims of this program are ① making their image for the children and childcare clear, ② realizing parenting, ③ thinking about the future of themselves as parent and their fitness for parents, and ④ understanding to need to supports for parents as a member of the society.

Aims of the study: The purpose of this study is to assess the reliability and validity of "*the parenting and finding - myself program*" evaluation scale (52 items).

Methods: 897 high school students participated in this study in September – November of 2014.

Results: The results of factor analysis find 8 factor and 41 items. These factors were coded I [understanding the how to treat children] (7 items, $\alpha = 0.91$), II [realizing the ties that bind parent and child together] (7 items, $\alpha = 0.87$), III [awareness of their own feelings about parenting and children], IV [understanding the need for supports for parents as a member of the society] (6 items, $\alpha = 0.80$), V [realizing essential condition as parent.] (7 items, $\alpha = 0.64$) , VI [understanding children's characteristics] (3 items, $\alpha = 0.76$) , VII [worrying about whether I can bring up my children or not.] (2 items, $\alpha = 0.67$), and VIII [having some self efficacy about childcare.] (2 items, $\alpha = 0.70$).

Conclusion: Our evaluation scale was confirmed to be able to evaluate the aim of the program.

P292 Parents views of their experience in the Solihull approach parenting group

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'Understanding your child's behaviour' is a 10 week parenting course based on the Solihull Approach model which aims to promote more effective and sensitive parenting. Johnson and Wilson (2012) carried out the first study investigating a sample of parents' responses to parenting groups run from 2005, when the programme began, to 2010. The current study aims to find out if the UYCB group is still evaluated as positively by parents between 2012 and 2015 and whether the main themes have changed or not. A sample of 106 parents' data was analysed. Parents views were sought on the extent to which the group supported them to relax and share experiences, to improve their understanding of their child and to make changes. At the end of the group the parents were asked 'What do you feel has changed as a result of you being in this group?' 'What do you feel you have learned in this group?' and 'Any other comments?'. By the end of the group, 90% and over of parents felt that the group was 'great' on all three questions and graphs show how this increased over the time of the group and in a specific pattern, which is compared to the pattern in the 2012 study.

Inductive content analysis of the themes showed the emergence of consistent themes around 'more/calm' 'better relationship with my child' 'more confident' 'enjoy parenting more'.

The results suggest that facilitators have maintained the positive impact of attending a UYCB group for a parent and may have slightly improved on previous results, perhaps as a result of experience with the programme.

P293 Adverse childhood experiences, parenting and young children's executive function

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Executive function skills are a critical component of children's social, emotional, and cognitive development. Children's executive functioning (EF) has been strongly linked to positive social and academic outcomes and has been shown to act as a protective factor, independent of IQ, against several risk factors. EF is known to be closely related to the development of the prefrontal cortex which is undergoing rapid development during early childhood; however, few studies have measured EF in children under age four. Additionally, research indicates that the development of EF is strongly influenced by interactions with caregivers and early life experiences. For children who are already at risk due to the negative effects of chronic stressors, including poverty and family adversity, the buffering effects of nurturing relationships and social interactions, particularly those with parents, may be important in the successful development of EF.

In the current study, parent self-reported adverse childhood experiences, harsh parenting, and attachment were examined in relation to the executive function abilities in young, low income children ($N = 64$). Children's EF was measured using game-like tasks (Bernier, Carlson, Whipple, 2010) designed to measure delay of gratification, inhibitory control and cognitive flexibility. Regression analyses indicate that parent's early adverse experiences were found to predict poorer working memory skills ($\beta = -.32^{**}$) and harsh parenting attitudes were found to predict lower

inhibitory control (β -.31*). These findings suggest that adverse childhood experiences and parenting are important in the development of child executive function. Educating parents and caregivers about the importance of supporting the development of children's EF is an important next step as early intervention models evolve. Research findings will be presented along with strategies and implications for measuring and increasing EF in young children.

P294 Holding the baby in mind across families in drug treatment, child welfare and court involved teen parents

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All too often, babies are treated as an “afterthought” for systems serving court- involved families. Three initiatives will be highlighted that bring babies to the center of court work. These initiatives focus on intergenerational cycles of complex trauma to address challenging parenting practices and poor outcomes for young children. Interventions that promote parent-child relationships are essential to shift the patterns of child maltreatment and long-term court involvement. This symposium will address strategies to help the judicial system and court-involved families to “keep the baby in mind.” Specific programs will be presented that have helped the court focus on the baby and the parent-child relationship. (1) For substance using parents, the Circle of Security Parenting Intervention Program has shown to be efficacious due to its attachment-focused curriculum, one which may work well within the context of the neurobiology of substance abuse to stimulate dopamine in activating the same reward system that promotes substance abuse and promote the more adaptive and engaging components of the parent-child relationship. (2) For court-involved teen parents, Yale University's Minding the Baby® has been customized to address the needs of vulnerable young families with delinquency or dependency involvement. (3) For maltreating families, a unique statewide Early Childhood Court system has been implemented utilizing Child-Parent Psychotherapy to improve relationships and outcomes. These three evidence-based programs have been used to “hold the baby in mind” and promote the parent-child relationship as the main avenue for change and for the promotion of the positive and adaptive outcomes possible for young children.

P295 Super parents: A research-based parenting program targeting the parent-child relationship

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Introduction: Sensitive and responsive parenting can mitigate the negative effects of poverty on the developing child. In this workshop we will present Super Parents, a program designed to support the development of parenting skills in parents of very young children living in poverty. Using an interactive format, presenters will demonstrate essential elements of the program and provide opportunities for participants to practice techniques used to engage parents.

Aims of the program: Super Parents focuses on promoting attachment and responsive, supportive parenting, particularly in response to challenging behavior among children living in highly stressed families. Super Parents specifically aims to help parents learn to reduce stress, improve executive function (EF) skills, and increase the warmth and responsiveness of their parenting.

Description of the work: Evaluation of the program is ongoing, and initial results indicate excellent participant satisfaction, increases in positive parenting attitudes and self-agency, and

decreases in parent-reported child hyperactivity and conduct problems. Super Parents strategies include a) a framework for understanding responsive and sensitive parenting practices; b) mindfulness skills for reducing stress and focusing on the present, and c) executive function skills to assist parents in managing the demands of parenting within highly stressful environments. The program integrates Active Parenting: 1, 2, 3, 4, a basic parenting curriculum, with weekly mindfulness practice and family-oriented “games” that build inhibitory control, cognitive flexibility and working memory. The mindfulness practice is offered in accessible, creative formats, and the EF games are played in session and recommended for use at home.

Conclusions: Super Parents reduces stress and increases positive parenting attitudes and skills in low-income parents of very young children. Evaluation results indicate that providing parents with opportunities to develop and practice executive function and stress management skills is a useful addition to traditional parenting programs.

P296 Starting with parents and ending with responsive care. Integrating synchrony into diverse parenting practices

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Introduction: Controlled Crying? Scheduled Feedings? These approaches, and other similar recommendations, focus on increasing infant sleep time or supporting family needs by scheduling different aspects of infant care. What is sacrificed is Synchronous responding to infants’ cues. Yet, during the first year this synchrony and responsiveness is essential for infants’ healthy neurological development, and thereby for infants’ later physical, social and emotional well-being. How can researchers and practitioners bring these two realities together—blending the ecological concerns address by what ultimately are practices that focus away from responsiveness to incorporation of responsiveness across parenting practices?

Aims: We introduce an evidence-based paradigm shift moving away from programming focused on presenting steps to reach a parenting outcome toward a collaborative, translational approach identifying parenting goals and adapting practices to reach these goal while maintaining responsive parent-infant interaction.

Description:

- Brief overview of current research supporting importance of responsivity in care and challenges associated with incorporation of this message in educational and clinical practices. (10 minutes)
- Evidence-based examples of incorporating responsive care to educational and clinical intervention programs as basis for workshop activities. The program introduced is structured to achieve increased infant sleep time within a response-based program supporting mothers in identifying and responding to infant cues, particularly as related to sleep and feeding. (10 minutes)
- Participant and Presents collaborative activities and discussion of how to adapt different care approaches to responsiveness Scenarios will be provided, however, participants will provide care contexts for discussion. Participants will gain experience in working through possible steps for supporting responsive interactions across different types of intervention, support, and prevention messages. (50 minutes)
- Summary of completed discussion activity. Questions. (20 minutes)

Conclusion: Participants will gain experience in integrating responsiveness across different best-care practices and approaches for helping parents incorporate responsiveness across different parenting practices and goals.

P297 Fathers' parenting self-efficacy during the transition to parenthood

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Introduction: Little is known about the development of fathers' parenting self-efficacy during the transition to parenthood.

Aims of the study: To analyse (1) fathers' parenting self-efficacy developmental path and (2) the effects of anxious and depressive symptoms and coparenting support on fathers' parenting self-efficacy developmental path, from the first trimester of pregnancy to six months postpartum.

Material and Methods: Eighty-six fathers recruited at the first trimester of pregnancy completed self-report measures of anxious and depressive symptoms, coparenting support and parenting self-efficacy at the first and third trimester of pregnancy, and at one and six months postpartum. Growth curve models were performed.

Results: An increase on fathers' parenting self-efficacy was found from the first trimester of pregnancy to six months postpartum. Main effects of anxious symptoms and interaction effects of anxious symptoms and time were found on fathers' parenting self-efficacy. Fathers with higher anxious symptoms revealed lower levels of parenting self-efficacy at the first trimester of pregnancy and a lower increase of parenting self-efficacy from this time to six months postpartum. Main effects of coparenting support were found in fathers' parenting self-efficacy. At the first trimester of pregnancy, fathers who perceived more coparenting support revealed higher levels of parenting self-efficacy.

Conclusions: The present study may contribute to the literature by describing fathers' parenting self-efficacy developmental path and the effects of anxious symptoms and coparenting support on fathers' parenting self-efficacy developmental path during the transition to parenthood.

P298 Dialectical Behavior Therapy based intervention for families with emotional regulation problems

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Introduction: Dialectical Behavior Therapy (DBT; Linehan M, 1993) has been used for many behavioral disorders involving emotion dysregulation mainly with adults. DBT is an integrative treatment that combines the change-based strategies of cognitive behavioral therapy with Eastern philosophies and acceptance-based approaches. DBT teaches patients more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors.

Purpose of the work described: This intervention was designed to adapt the elements of the original DBT program for challenging families who have 0-12 year old children and severe emotion regulation problems.

Description of the work: We have had the parenting skill groups for four years and over 60 parents have participated in the group treatment. The parenting skill group teaches parents to use specific parenting and emotion regulation skills. Some families have difficult generalizing skills into their daily life, so we have designed the more intensive intervention for these families by using the synergy of the other DBT treatment components. The four components of DBT family intervention are parenting skill group, family meetings, and phone coaching and therapist consultation team. During the family meetings, the therapists and family work towards improving the use of parenting skills and better interaction between family members. Parents can use phone coaching when they need discussion with between family meetings. Therapist meetings serve to support the therapists in providing the treatment and keeping therapy efficient. We have piloted this intervention with three families.

Conclusions: The intervention activates parents to change their own and child's maladaptive behaviors and increases their own and child's ability to control their emotions and validating interaction between family members. Results have been encouraging. The next aim is to gather more information about the change in ten families and analyze information about effectiveness of this kind of multimodal intervention.

P299 The influence of maternal images on the way of being a person with cleft lip and/or palate

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Introduction: The birth of an infant with a cleft lip and/or palate (CLP) can be a traumatic event for parents. Treatment of CLP requires multiple surgical and other interventional procedures from birth into adulthood and can bring various life stressors. Besides, an implicit concern about genetic factors can threaten CLP individuals and family members. Nevertheless not a few people exist who survive the sequence of psychological crises and aim to utilize their own experiences. What lead them to such decision-makings?

Aims of the study: The purpose of this study is to describe the changing process of the CLP experiences, i.e., emotions, conflicts in the family and the surroundings, how one made sense of being a CLP person and coped with that fact.

Material and methods: The subject is an adult CLP person (named Y, male, age 30) who have gone through a series of the treatments and now engages in the treatment for CLP as an oral surgeon. The semi-structured interviews were conducted three times, spending 11 hours in total. Verbatim records extracted from audio data were examined through a qualitative analysis using Trajectory Equifinality Approach.

Results: Y had no doubt about CLP until he was informed by his mother when he was a junior high school student. Tears in mother's eyes impressed themselves on Y and made him to make a decision to become a person who could heal her sorrow and distress. There were 3 turning points in Y's life: Awareness of CLP, Determination of educational course, and Encounter with other mothers of CLP babies. Attitudes of Y toward his mother and the meaning manners of her feelings developed in each 4 periods.

Conclusions: It was suggested that the feelings of gratitude and debt to the mother directed his way to be a specialist of CLP treatment.

P300 The narrative method as a tool to reveal maternal variables that modulate toddlers' sleep

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Introduction: Good sleep is crucial for optimal development and adaptive functioning. Identifying the factors that shape sleep quality is important for researchers and clinicians. Parenting variables are among the factors that impact children's sleep, including parental cognitions, bed-time routines and parent-child relationships (Sadeh et al., 2010). How mothers' mental constructs interrelate with her child's sleep and the mechanisms that mediate that link are questions awaiting clarifications. This study focused on mother's differentiation of self and her involvement in the regulation of toddlers' sleep.

Aims of the study: To develop a qualitative tool for investigating mothers' sleep-related beliefs, attitudes and practices, and to compare mothers with high and low differentiation of self and

examine whether this distinction accounts for variations in the ways they regulate their child's sleep.

Material and methods: This study is a part of a larger mixed-method research on toddlers' sleep. A convenience sample of 120 mothers completed the Differentiation of Self inventory (Skowron & Friedlander, 1998); based on the score, a sub-sample of 20 mothers (10 High and 10 Low) were interviewed. In a 90 minutes semi-structured home-based interview, mothers described their own sleep related childhood memories, their child's sleep from birth to the 3rd year of life, bed time routines, night-time parenting, thoughts and feelings toward sleep difficulties and how they deal with it together with their spouse. The mothers' narratives were content-analyzed.

Results: Maternal level of differentiation was related to: the recollection of mother's own childhood sleep-related experiences; parenting ideologies and decisions regarding their child's sleep routines; her own sleep characteristics as an adult.

Conclusions: In-depth interviews illuminate inner and contextual aspects that shape mothers' sleep related attitudes and practices. The narrative method adds to the understanding of maternal variable that modulate toddlers' sleep and may provide guidelines for future intervention research.

P301 Mental development in early childhood due to maternal attitudes to child and mother's personality traits

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Family plays a crucial role in the child's early development. Present research aims to identify the relations between maternal attitudes to child, mother's personality traits and mental development in early childhood. The study, conducted in 2012, involved 40 children from Kolpinsky center of early development (including 16 boys and 24 girls; age from 1.5 to 2 years) and 40 mothers. Methods used were: The MacArthur Communicative Development Inventory, "Range of emotional manifestations" by J. Shvantsara, "Parent relationship to a child questionnaire" by A.Varga & V. Stolin, Parental Attitude Research Instrument (PARI) by E.Scheffer & R. Bell, State-Trait Anxiety Inventory by Spielberger and Maudsley Personality Inventory. The study revealed that in the sample of boys speech recognition was positively correlated with mother's orientation on the family role and in the sample of girls – with mother's emotional involvement in the upbringing. Among boys the increasing distance with mother can be a motivating factor of speech recognition and using of gestures, but it reduces the reactions of imitation. Among girls imitation, communicative gestures and game actions was positively correlated with focus on the child. Cooperation had the greatest number of relations with indicators of child's mental development. Development of speech and objective actions among boys were negatively correlated with maternal anxiety, imitation was negatively correlated with maternal rigidity. In the sample of girls communicative gestures were less formed at maternal anxiety, imitation was more pronounced at maternal extroversion. At the same time objective actions were better formed at maternal anxiety and rigidity. Emotional manifestations of children were closely related with personal characteristics of mothers, especially with anxiety. Thus, focus on cooperation with the child can be regarded as resources for the speech development and formation of objective actions. The degree of emotional contact with mother is very important too, especially for girls.

P302 Transition to adoptive motherhood: a case study

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The transition to motherhood, whether adoptive or biological, causes changes in the family and makes parents themselves adapt to this new reality. The adoptive motherhood will also depend on conscient and unconscient parents' issues, since the process of motherhood constitution begins long before the contact with the child. There is a deep identification between the dyad through a different psychological state characterized by intense sensitivity that can arouse ambivalent feelings. In addition, adoptive parents may have unrealistic expectations about themselves, about the child and the family. Thus, this study aimed to investigate the experience of the transition to adoptive motherhood from a single case study. The participant was a mother-infant dyad after a period of three months since adoption. The mother responded two interviews about motherhood experience. It was possible to notice that the great investment of the mother has generated excessive expectations while waiting for the baby, however it does not seem to have harmed the dedication to parental functions. Also, maternal concerns in relation to itself, so that it could provide better care for the child because of her history of neglect and deprivation, were observed. Some mother's ambivalence was also observed. In addition, she seemed to be very identified with her daughter, mainly to express their own feelings through the baby. This can be important for this initial moment of bond, because mother can be able to understand the child's needs. And this can happen at any maternity way not only in adoption, as it is a period that involves reorganization and adaptation to new roles. Studies like this can give information to these families and could contribute to a better developmental environment for children along with their parents, also serving as a source of support.

P303 Neural response to infants' emotions in women at risk for depression during pregnancy

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Introduction: During pregnancy, striking changes occur in maternal brain, as a result of the large amounts of hormones secreted. These changes not only prepare the mothers-to-be to respond to their-own infant affective cues, but also enhance maternal reactivity to the expressions of other women's infants. While a large amount of neuroscientific research has investigated the effects of postpartum depressive symptomatology on maternal emotional responsivity, much less is known about the neural processing of infant facial expressions in women at risk for depression during pregnancy.

Aims of the study: We aimed to investigate the effects of depressive symptomatology on brain responses to infant facial emotions on pregnant women.

Material and methods: Thirty women were recruited during the third trimester of pregnancy: 15 were at risk for depression, while 15 were without psychopathological symptoms, as assessed through the Edinburgh Postnatal Depression Scale (EPDS, Benvenuti et al., 1999). High-density electroencephalography (hdEEG) recordings were performed while mothers passively viewing different facial expressions (joy, distress, ambiguous, and neutral) of unfamiliar pre-verbal infants. hdEEG data were correlated with the scores of the Interpersonal Reactivity Index (IRI, Albiro et al., 2006), the Toronto Alexithymia Scale-20 items (TAS-20, Bressi et al., 1996), and the Difficulties in Emotion Regulation Scale (DERS, Sighinolfi et al., 2010).

Results: Compared to healthy women, women at risk for depression showed lower reactivity towards all infants' emotional expressions (as indicated by higher P300 and LPP latencies), and

lower ability to focus their attention on the analytical elaboration of the emotional stimuli, in particular those expressing distress (as indicated by lower LPP amplitude). Moreover, interesting correlations were found between hdEEG data and the scores on clinical scales.

Conclusions: These preliminary findings may contribute to enrich the knowledge of neural correlates of emotional responsivity in women at risk for depression during pregnancy.

P304 Early maternal self-confidence predicts changes in infant temperament in the first year of life

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Introduction: Maternal self-confidence, expectations and representations may influence the way mothers perceive their infants' behavior and their relationship with their infants. This study aims to assess the impact of maternal self-confidence on perception of infant temperament during the first year of life.

Methods: 197 mothers completed a short version of the Mother and Baby Scale in the first 72 hours after childbirth and at 3, 9 and 12 months.

Results: The results indicate that maternal confidence was significantly lower in the first days of infant life when compared with the other three moments. Individual differences in maternal self-confidence and perception of infant temperament remained quite stable during the first year. A cross-lagged panel analysis suggests that the lack of maternal self-confidence at birth significantly influenced the perception of the baby as irritable/irregular at 3 months.

Conclusion: Our results suggest that mothers lacking self-confidence in caretaking at infant birth perceived their babies as more irritable/irregular at 3 months. Individual differences in maternal self-confidence and perception of infant temperament tend to be stable during the first year of life. The way the primiparous mother deals with uncertainty in the parental role in the earliest period of baby's life may have long-lasting implication for her future perceptions and relationship with the baby.

P305 Egg donation in the child project

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Our counseling center for parents and infants works in collaboration with gynecologists who address us women and/or couples, before pregnancy, followed for medically assisted procreation. This collaboration has a dual purpose: clinical work and research. To date, fifty women were received and followed during a long period after birth. This work has been initiated after observing that, especially in cases of egg donation, there is a great number of perinatal psychological disorders and unexpected requests for termination of pregnancy, even though pregnancy occurred after a long period treatment for infertility. Through the practice of egg donation, new questions arise relative to the origin of motherhood: mother is here divided, and this dissociation is often more difficult to overcome. In the case of egg donation, pregnancy is expected to provide narcissistic restoration that will help women to feel affiliated to their child. But, the process of "baby adoption" often appears more random than in ordinary gestation. In all ordinary pregnancies, the child is a familiar stranger to his parents. In the case of egg donation, it is reinforced. Those

feelings can resurge during any conflictual situation, reactivating the pain associated with sterility, and may hinder the construction of deep parents-child relationships.

P306 The family romance in the context of a psychological consultation for gametes donation

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Psychological consultation for gamete donation is always proposed to couples. Allowing the couple to delve into the experience and the meaning of the gamete donation procedure, it is therefore an opportunity for them to make plans for their future family, participating thus in their own parenting as father and mother of the child to be born. We will present ten interviews of couples that succeeded in procreating with a two years child, allowing us to understand better psychic stakes in medical assisted procreation. The aim of this survey is to allow parents who had a child via spermatozoid donation to express their experience in relation to infertility, gift acceptance, affiliation of the child, detachment from the medicalized procedure. We try to improve the psychological monitoring of parents with a better understanding of conscious and unconscious mental issues related to the child's request by IVF. In this respect, it may so happen that we be presented with the inability to elaborate a man's or a woman's desire for a child when it is immobilized by overflowing affect, always in relation to the vicissitudes of one's own family romance.

P307 Egg donation IVF failures from the standpoint of infertile women

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Specificities of egg donation IVF failures will be investigated in the legal context for Assisted Reproduction Technologies, specifically in Greece and France, but also more generally. Issues of body commodification are addressed within this context. In order to explore these issues, individual consultations and long-term psychotherapy sessions, conducted in clinical practice in Athens and Paris, are analyzed in depth. Introducing a cleavage within the concept of 'mother', egg donation IVF is a mode of female kinship marked by the absence of a hereditary link to the child and at the same time, by the presence of a bodily link. Unconscious fantasies and unconscious desire underlie the subject's experience of egg donation procedures. Often called 'borrowed' or 'foreign' within compensated egg donation procedures in Greece, or requiring a parallel donation from a relative or a friend within cross donation procedures in France, donated eggs draw on a woman's desire for a child, but also create symbolic debt and internal strangeness. A deeper understanding of identification processes, representations of motherhood etc. in the discourse of women, allows us to consider the acceptance of the gift of gametes in a specific unconscious process we call an 'adoption movement'.

P308 Biotechnicogical and human third intermediate in the parenthood psychic process

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In this presentation, we will compare the results of two surveys: one is focused on assisted autologous reproduction technology (with the parents' own gametes) including embryo cryoconservation, where biotechnology used in a medical framework acts as a third party between the parents and the child. The other one relates to assisted reproduction (with spermatozoid donation) where the intermediate is a human cell. More specifically, we examined the influence of how couples have dealt with fertility issues by resorting to these various third parties on the intrapsychic parenthood process. It has been surprising that, regarding the parenting process, the biotechnological intermediate occupies a much larger place for parents of the first group than that occupied by the heterologous gamete in the other group. The subjective experience prior to procreation related to filiation construction, revealed itself very important for all couples. Some of them even valued the introduction of a third intermediate party in a completely unexpected direction.

P309 Triadic interactions among lesbian headed families in Belgium

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The study examines alliance within parent-child triadic relations in lesbian-headed families with young children. Family alliance is defined here as the degree of coordination family members achieve as they engage in a task such as play, separation-reunion, discipline, coordination, affect sharing or doing a common activity together. In particular regarding the present study, no prior research has examined same-sex family and co-parental alliances using the Lausanne Triologue Play. The Lausanne Triologue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999) is a standardized, well-validated procedure for observing and rating triadic family interaction with very young children. The present research looks at differences in family alliance in 30 female same-sex parent triads. The mean age of children in same-sex families is 16,36 months and includes 15 girls and 15 boys. Results demonstrate many similarities and some group differences in family alliance behaviors (postures/gazes, inclusion, roles, co-construction, scaffolding, warmth, validation, authenticity, mistakes, support, conflict, involvement, and self-regulation). This initial, exploratory research project fills an important gap in the literature regarding same-sex co-parenting and triadic family relationships. Implications for future research on families headed by same-sex couples and child development will be discussed.

P310 The same but different: peripartum depression vs major depression

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Peripartum Depression (PPD) is the most prevalent and researched perinatal mental disorder and has been an important area for research for many years. Despite the increased attention given to PPD and its unique effects on motherhood and the offspring, it is currently conceptualized and treated in much the same manner as major depression. Distinct neurobiological features of PPD in comparison with major depressive disorder (MDD) will be covered in based on neurohormonal and neuroimaging evidence. Clarifying the neuroendocrinological basis of PPD is especially hard due to large normative and adaptive hormonal changes during pregnancy and postpartum. Gonadal steroid hormones and CRH and cortisol had drawn attention because of their continuous increase during pregnancy and a drastic drop at childbirth. Additional hormonal changes to make breastfeeding possible and the relationship between OT and depression and mothering behaviors has been another area adding evidence to the possible mechanisms underlying PPD. When we consider the fact that mothering and depression share common cortical and subcortical areas in

terms of brain systems, depression having a powerful impact on the capacity for mothering becomes more sensible. Still most depression research has not dealt with peripartum mothers in particular, a handful of studies on PPD revealed changes in the activation of several areas such as the prefrontal cortex, paracingulate area and the amygdala. Mothering changes the brain in one way and depression changes the brain in another way, which makes it hard to compare the neuroimaging results and limit drawing conclusions.

P311 What if the real newborn does not match the parental mental representation of the baby

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As pregnancy progresses fantasies, dreams, concerns and ideas about the baby begin shape in the minds of expecting parents. Different terms as “internal working models”, “ghosts in the nursery”, “internalized role relationships”, “imaginery/ phantasmatic baby” and “maternal representations” have been used describe mental representations of the baby in expecting parents. The present study was designed to investigate the concordance between a simple questionnaire about the mental representations of the baby “Representational Baby Expectation Form: RBEF” filled in the prenatal period and “representational baby accordance form: RBAF” in the postnatal period; and to evaluate postpartum parental anxiety and depression when the real newborn is not accordant with the imaginary baby. Expectant mothers (n:245) and fathers (n:150) completed the RBEF (twenty item questionnaire developed by the authors with four subscales as: positive expectations, negative expectations, clear expectations and unclear expectations), socio-demographic data form, Edinburgh Postnatal Depression Scale (EPDS), Adult Attachment Scale (AAS), State Anxiety Inventory (STAI), Multidimensional Scale of Perceived Social Support (MSPSS) and Brief Symptom Inventory (BSI) in the second and third trimester of pregnancy, and RBAF and EPDS and STAI in the postpartum period. The different consequences in fathers and mothers in the form of anxiety and depression will be discussed when the baby does not match their mental baby representations.

Poster Session 10: Problems, symptoms and disorders of the infant

P312 Children’s frontal EEG asymmetry and error-related components: a meta-analysis of internalizing and externalizing behaviors, and maltreatment

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Introduction: Frontal hemispheric asymmetry and amplitude modulations of error-related components on electroencephalogram (EEG) are often considered as markers of psychopathology or of vulnerability to develop disorders related to disturbances in emotion regulation beginning in infancy.

Aims of the study: In the present meta-analysis, we consider whether a) specific patterns of frontal hemispheric asymmetry at rest are related to specific child psychiatric disorders and more generally to internalizing symptoms and/or externalizing behaviors; b) an association exists between right frontal asymmetry and maltreatment and caregiving quality; and c) an amplitude’s modulation in an error-related negativity (ERN) component is related to specific child psychiatric disorders and more generally to internalizing symptoms and/or externalizing behaviors.

Material and methods: We conducted three distinct meta-analyses that included a total of 38 distinct studies (N=2972) located through databases and selected according to the keywords “EEG”, “children”, “different names of psychopathology” (i.e. anxiety, aggression) and “specific types of caregiving” (i.e. maltreatment).

Results: Results showed a significant relationship between greater right frontal asymmetry, internalizing symptoms and maltreatment (i.e. poor quality of maternal care). We found no significant association between greater left frontal asymmetry and externalizing behaviors. However, the relationship between lower amplitude of ERN and externalizing behaviors was significant. One additional significant effect appeared in the form of a significant association between greater ERN amplitude during a Go/no-go task and internalizing symptoms.

Conclusions: These promising results confirmed that hemispheric asymmetry and ERN component can be considered as markers for psychopathology or vulnerability to develop internalizing and/or externalizing behaviors. They also support the hypothesis of our current longitudinal study measuring EEG activity at rest and during an Emotional Face Matching Task in children of mothers who originally presented with posttraumatic stress disorder related to interpersonal violence (IPV-PTSD) and non-PTSD controls when their children were 12-42 months-old.

P313 Assessing mental representations with respect to parents and post-traumatic symptomatology among children with disruptive behavior disorders

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Introduction: In line with a consistent literature, children with externalizing disorders have experienced some traumatic events, such as experiences of rejection, abuse, violence assisted. Recent studies are examining the role of attachment for a better evaluation of this disorder.

Aims of the study: The aims of this study are: 1) to evaluate the post-traumatic symptomatology in a group of children diagnosed with *Disruptive Behavior Disorders*; 2) to evaluate their attachment models; 3) to test the association between post-traumatic symptomatology and attachment organization.

Material and methods: Forty consecutive Italian patients aged from 8 to 15 ($M=10.7$; $SD=2.01$) were administered the *Trauma Symptom Checklist for Children (TSCC-A)*, a self-report evaluating post-traumatic symptomatology, and the *Child Attachment Interview (CAI)*, a semi-structured interview assessing the attachment representations. Moreover socio-demographic data were collected.

Results: Regarding post-traumatic symptomatology, patients with *Disruptive Behavior Disorders* showed high level of Anger and low level of Dissociation. Findings on the distribution of attachment models showed a significant presence of insecure attachment with respect to both parents and Disorganized attachment was found in more than half of the patients.

Conclusions: This study suggests that attachment organization and post-traumatic symptomatology may be fundamental elements to be assessed with *Disruptive Behavior Disorders* in childhood and to understand the mental state and psychological features of children affected by this disorders. The clinical implications for future research directions and the methodological limitations are discussed.

P314 I must stick it out because of my child!

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Introduction: The examination of the mental status is an integral part of our work.

Aims: To provide medical management for children and also to pay attention to their parents.

Case: He was a 3 year old boy, who was admitted because of his first febrile convulsion. We noticed a very serious disturbance in his speech development. However, the most striking phenomenon which emerged in front of us was the marked concern and over-anxiety of the parents. They were afraid to take their child home. When recording the medical history it turned out that his mother had 3 miscarriages before his birth, and she had lost an unborn baby just before his hospitalization. In addition, the boy was born prematurely with a severe complex congenital cardiac defect and underwent several reconstructive surgeries. Within the framework of follow-up cardilogic and premature infant care, the child was under psychological monitoring and care. No serious retardation was revealed during the current psycho-pedagogic survey either, and no organic lesion was confirmed during audiologic and logopedic examinations. It turned out during the parent-child consultation that the parents had suffered serious grieving processes at that critical period when their only living child was fighting serious disease. The parents chose the slogan "we must stick it out because of our child". They kept all their severe losses to themselves, got no help to process these significant psychological traumas, and they did not feel they needed any support.

Conclusion: During the subsequent consultations the parents gradually realized that they had to process their grave losses, with professional help. We gained their confidence and trust gradually, but the most important message we want to mediate is that such problems require hospitals where children and their parents are dealt with in a complex manner, and parents also need appropriate mental support.

P315 Prevention of intergenerational transmission of trauma in the ' home' : Enactment between infant and childcare-worker

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Children who grow up in the so-called ' home ' (orphanage) in Japan have to live with unresolved trauma of abuse and deprivation and loss of their original family. However, a standard care at home in Japan does not include an individualized trauma care. This often results in childcare-workers becoming the target of their aggression in the daily routines and becoming confused. Bearing the brunt of projection and projective-identification of traumatized children are burdensome. This tends to take place when attachment between the child and the worker is deepening, making him confused, puzzled and hurt. As a supervising child psychiatrist of the home, author provided support and containment for the workers to process their feelings and to help them make sense of the child's conflictual behavior. A boy, who was admitted to the home at 5 weeks of age in the wake of the attempted suicide of his mother, started forming attachment to the workers. The worker in charge accepted the infant's anxiety, but was very distressed by his incessant shrieking, head-banging and tantrums. Other workers getting worried found it hard to understand. Author tried to observe closely the relationship between the infant and his worker, support the workers to comprehend the infant's internal world, and discuss with the workers how

to take care of the infant. Through this process, author concluded there were some essential factors for the stable relationship between infant and worker; 1) understanding of the childcare-worker's countertransference, 2) support through discussion among colleagues, 3) correct interpretation of the infant's internal world and his object seeking demands revealed through his behaviors or symptoms, 4) need for secure environment in the whole working environment. This secure environment is important to prevent the vicious circle of inter-workers transmission, and allows workers to use their ability to the full.

P316 Crying behaviour and intensive crying in infancy and toddlerhood. Results of a Hungarian large-sample study

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Introduction: Intensive crying is a frequent parental complaint in infancy and toddlerhood. The phenomenon is called *excessive crying* if the level of crying behaviour exceeds a clinical criterion in the first three months. If it maintains subsequently, then it is called *persistent crying*.

Aims of the study: The 'FOR HEALTHY OFFSPRING' Project was the first Hungarian research examining intensive infant and toddler crying among other behaviour regulation problems. Data were gathered from 1164 families with 0-3-year-old children.

Materials and methods: In addition to other methods, parents answered questionnaires about crying behaviour of their children and the success of their efforts to soothe them.

Results: In our sample there was only opportunity to detect signs showing suspicion towards the presence of excessive and persistent crying. Based on estimates of the mothers, the frequency of intensive crying (more than 1 hour per day) during the two weeks before the survey was 9.3%, and 2.5% of the children cried more than 3 hours per day. There was no relation to gender and the amount of crying. This decreased slightly by age, but in the group of intensive criers, age as a factor was not found. 12.5% of the mothers did not feel success in reassurance, and half of the mothers (54.5%) were intensively worn out due to the crying periods, regardless of their duration. First-born children were found to cry a little more, and their mother felt less confident in reassurance. Less educated mothers seemed to struggle slightly more effectively with crying.

Conclusions: Excessive infant crying is the first emerging form of regulation disorders. According to the literature it occurs in 8-40% of young children, and predicts future behavioural problems. Coping with crying is a real challenge for parents. The topic is relevant in both research and practical fields of assistance.

P317 Comorbidity: early childhood regulation problems and other health conditions

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Introduction: Due to intensive research of behaviour regulation disorders in early childhood, a lot has been learnt about the etiology and subsequent developmental psychopathology, but there is still limited data about comorbidity.

Aims of the study: According to everyday experiences, illnesses e.g. recurrent respiratory diseases correlate with disturbed crying, sleeping and eating behaviour. In order to offer appropriate medical support, differential diagnostic process is important in separating acute secondary symptoms from comorbid chronic behaviour regulation disorders. In our study, we investigated the relationship between regulation problems and other health conditions in medical records.

Materials and methods: Families with 0-3-year-old children were included in a large sample Hungarian study called "For Healthy Offspring" project, referred by general practitioners and health visitor nurses or from inpatient care. Medical diagnoses (n=619) were made based on detailed patient history, physical examination, follow-up and further specific examinations, if necessary. Behaviour regulation difficulties were diagnosed according to available international (Papousek et al, DSM-IV, DC:0-3R) diagnostic criteria, however, in Hungary there is still no official instrument for this.

Results: The occurrence of excessive crying, sleeping disorders, breastfeeding difficulties and feeding disorders with normal weight gain was significantly ($p < 0,05$) lower in children with recurrent upper airway infections, recurrent bronchitis, coughing or laryngitis than in children without these organic conditions. However, comorbidity was found to some extent. Where one type of behaviour regulation problem was present, another type of regulation difficulty was more frequently diagnosed. The occurrence of abdominal colic and constipation, symptoms that are often found to have psychosomatic background also showed correlation with the occurrence of other regulation problems.

Conclusions: Deeper knowledge of the relation between organic and non-organic effects behind common paediatric symptoms and official foundation of using well-known systems for diagnosing behaviour regulation disorders can valuably contribute to the differential diagnostic assessment in paediatric care.

P318 The tube solved my child's feeding problem

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Introduction: Handling babies' feeding problems is one of the hardest tasks for parents and paediatricians in everyday practice. In rapid weight loss, tube feeding as a makeshift can be the only solution.

Aim of our study: We introduce the effectiveness of parent-infant consultations paralleled with necessary tube feeding.

Description of the work: We demonstrate a case of a 5-month-old baby with feeding disorder symptoms and severe weight gain problems beginning at 6 weeks due to breastfeeding problems. Advice from lactation experts and several kinds of formulas have not helped him. After refusing breast- and bottle feeding for months, the baby was at the 10-25 pc value when he was admitted to the hospital. The parents were very anxious and the baby showed escalating distress during feeding times.

During the investigation organic and other medical causes were excluded. After unsuccessful suggestions in maternal feeding behaviour and having recognised severe physical and psychological symptoms of the child, we had to recommend tube feeding and began a parallel parent-infant consultation. Regardless of their fears and negative experiences, we helped the parents in communicating their feelings and thoughts on the child's health. Thirty-minute-long consultations were given 1-2 times a day for 12 days in the hospital and five more follow-ups thereafter.

At home, the child started spoon-feeding. Two months later he showed resistance towards the tube, so we removed it. After the mother saw progress in the child's feeding, she ceased to force feed. The 10-month-old baby now eats solid food, drinks formulas from bottle, has age-appropriate motor development and attention capacities. His weight gradually caught up to 50-75 pc value.

Conclusions: If we treat infant feeding disorders, we should consider both medical and psychological factors. Parent-infant consultation is also an effective supplementary method in severe cases in hospital paediatric care.

P319 Significant association between parental perceptions and family quality of life in families with children with intellectual disabilities

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Introduction: In disability research, studies have traditionally analyzed the negative impact that having a child with intellectual disabilities (IDs) may produce on parents (Blacher et al. 2005). However, other studies have stressed that having a child with IDs may lead to the perception of positive aspects in the life of the family. Those perceptions seem to help generate a greater psychological family wellbeing (Vilaseca et al. 2013). Bayat (2007) suggested a significant association between the presence of positive perceptions and Family Quality of Life (FQoL).

Aims of the study: This research analyzed relationships between parental perceptions and FQoL of parents of children with IDs. The main aim was to assess if positive perceptions and perceived control were predictive variables of FQoL. We examined the relationship between these variables and characteristics of children and parents.

Material and methods: A sample of 204 families who had children with IDs between 1 and 10 years from Spain completed KIPPs to measure their parental perceptions, and the Spanish FQoL Scales to assess their levels of FQoL. Correlation analyses were employed to examine associations between parental variables from the two scales. A lineal regression model was applied to identify which of these variables might be significant predictors of FQoL.

Results: Our preliminary results suggested that if positive perceptions are higher, better is FQoL in these families. The predictive analysis of FQoL showed that families who reported higher levels of positive perceptions, presented higher emotional wellbeing, health, and adaptation to disability. Characteristics of children and parents were significant variables.

Conclusions: This research emphasizes the importance to work with families with children with IDs to promote the emotional well-being, health and adaptation of all family members. These results may help to intervention centers to develop new intervention strategies focused in their parental perceptions and their FQoL.

P320 Co-occurrence of organic and functional disorders in our internal medicine department (case reports)

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Introduction: Babies and small children often have behavior problems (feeding, strange crying, sleeping trouble). In our internal medicine department we often realise a psychological reason in the background of a somatic symptom or psychological and somatic cause are present at the same time.

Case reports: In our *first case* a 4 month-old baby was brought to our hospital because of feeding problem. It turned out that he could not eat from the breast since his birth, so he ate formula. Unfortunately the parents have had difficulties with formula feeding too. Moreover the child had recurrent stomatitis since he was 6 weeks old. In our *second case* a 3-week-old baby was admitted to our department because of obstipation and jaundice. We couldn't find any organic reasons. During our observation we saw his restlessness when he was awake. He made frequently sleeping clonus with his arms and legs.

Results: During recording their detailed medical history we realized psychological factors in both cases. So we started baby-parent consultation coupled with diagnosing and treating the organic illnesses every day for 30 minutes. After the hospital discharge we continued the consultations 2-weekly, 5 times per patient.

Conclusions: Pediatricians often first encounter the symptoms of the regulation disorders. We consider the importance of recognizing them in time. Treating them together with the organic problems seems the most effective in a team.

P321 The importance of clinical genetical referral in very young children diagnosed with both a psychiatric disorder and a general delay in their development.

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Introduction: A clinical genetic disorder is often missed in very young children with a psychiatric disorder and a delay in their development. This causes a delay in the start of the treatment and reduces the efficacy of the treatment.

Purpose of the work described: The purpose of the work described is to demonstrate the importance of diagnostics of clinical genetic disorders because of its impact on behavioral, cognitive and social-emotional development, additional physical disorders and parent-child interactions.

Description of the project: At the academic center of child- and adolescent psychiatry, at the outpatient clinic, we see very young children, in the age between 0-6 years old, with a general delay in their development and a psychiatric disorder. We noticed that inspite of the medical check-ups and psychological tests, rarely a referral to the clinical geneticist has been done. This is surprising, because knowledge of clinical genetic disorders may have important implications for further treatment. In our center it turned out that 8% of the very young children had a clinical genetic disorder. This is illustrated by a case-report of a 3-year old boy with mental disability, ADHD, and PDD-NOS, who also had Fragile X Syndrome.

Conclusions: To diagnose a clinical genetic disorder is of great importance in very young children with a mental disability and a psychiatric disorder, because knowledge about the clinical genetic disorder may have important implications for further treatment. This may result in a better understanding of the problems presented and leads to an early adaptation of the intervention.

P322 Developmental patterns, child care environment, and clinical characteristics of infants with developmental delay

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This study examines birth history, early development history, and child care environment of 100 young children with developmental delay in comparison with 50 normal children to identify clinical characteristics of developmental delay. Findings of the study are as follows: First, more children were born by unexpected pregnancy in the group of children with developmental delay than in the group of normal children. The group of children with developmental delay showed delays in motor, language, and social development and experienced more surgeries and hospitalization than the group of normal children. Second, mothers of the children with developmental delay showed a higher level of depression and anxiety than mothers of normal children. In terms of child care environment, children with developmental delay reported longer exposure to digital media than normal children. The group of children with developmental delay also showed negligence of child care providers including psychological problems and lack of child care knowledge of mothers, frequent changes in child care providers, and negative events in daily life. Third, major problems included delayed language development followed by low interaction, overall delay and lack of peer relations and sociality, etc. Infant problems of lack of attention, contraction, and hyperactivity were found. In terms of sensory processing, difficulties were found in the domains of tactile and vestibular senses among children with developmental delay under 36 months. Among children aged 36 months or above, problems were found in the domains of underreaction/behaviors to find a specific stimulus. Major problems found in more than half of the children with developmental delay were problems of attachment and child-parent relations followed by control and low social development.

P323 PTSD symptoms and mental representation of preschoolers abused by a day care center teacher

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This study examines PTSD symptoms and mental representation of 16 preschoolers (5 years old) abused by a day care center teacher. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R), RESEARCH DIAGNOSTIC CRITERIA- PRESCHOOL AGE(RDC-PA), K-CBCL1.5-5, PEDS, PROPS, CES-D, STAI, MacArthur Story-Stem Battery (MSSB) were administered. 11 preschoolers (69%) were diagnosed with PTSD and their major symptoms were nightmare, fears, separation anxiety, social withdraw, and flashback. 80% of parents showed clinically anxious and depressive symptoms. Preschoolers showed physical and verbal aggressive behavior, negative representation for their teacher, incoherent verbal expression, emotional dysregulation, and impulsivity. Urgent psychological intervention by interdisciplinary infant mental health specialist team (child psychiatrist, developmental psychologist, child counselor) were provided to preschoolers and their parents. The scores of clinical symptoms related to PTSD were decreased after urgent

intervention. External and internal behavior problems of preschoolers and parents' anxious and depressive symptoms were decreased.

P324 "I am tiny and sick but still want to live a healthy life"

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Background and aims: Beside curing the somatic symptoms of patients with chronic diseases, leading a psychological support and a mental care to their families also play a major role during the healing procedure.

Methods: Through a follow-up method we are introducing a treatment of an infant called Barnabas with multiplex congenital limb malformation having a cardiac surgery and feeding with nasogastric tube. While stabilizing his status we reached the exclusively oral feeding by paying attention not only to his physical but also his mental health condition.

Results: After having multiplied heart failures caused emergency cardiac surgery as of eleven days old, Barnabas required long-term mechanical ventilation. Further care in our department began through feeding exclusively by nasogastric tube (NGT). After fighting infections, his vital parameters allowed attempting minimal oral feeding, still supplemental artificial nutrition was necessary. Becoming two months old, he started to refuse NGT by his body language or pulling out the tube, manifesting also repeated retching, vomiting, without detectable organic cause. Oral feeding was given during his arousal period, supplemented by NGT while resting. During our care we completed the treatment with a parent-infant consultation every day. Barnabas went home at three months old, with positive weight tendency. 1.5 months later, during a necessary re-hospitalization his attempts with putting all his power for pulling out his tube paired with oral underfeed, retching made his nourishment critical. Treating his infection, replenishing the required fluids and nutrition, continuing the parent-infant consultations, the willpower of Barnabas and persistent cooperation, patience and confidence of his parents allowed reaching the solely oral feeding.

Conclusion: Creating a complex and long-lasting care for the patients with chronic diseases and their family members is challenging. Instead of focusing only the somatic symptoms we should apply to bio-psycho-social approach to reach an effective healing.

P325 ADHD in clinic-referred preschoolers: differential associations with child characteristics and quality of attachment to parent

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The literature is now increasingly showing an association between child ADHD and parent-child interactive quality variables, such as child attachment (Storebo, 2013). However, past studies have included various samples of children, who were not all systematically diagnosed by psychiatrists. In the current study, children were referred to a tertiary clinic because of diagnostic complexity and/or symptom severity and were examined by experienced child psychiatrists using criteria from both the DSM-IV and the DC:0-3R. The objective of this study was to examine the relative contributions of child characteristics (child age, sex, sensory profile) and relational quality

of parent-child relationship (attachment) to ADHD. The sample included 167 preschoolers ($M=45.38$ months, $SD=12.54$; 70% boys) and their parents recruited at a Sainte-Justine University Hospital Center, Canada. Mothers completed the Sensory Profile (Dunn, 1997), which assesses child hypo- and hyper- sensitivity to sensory input. Further observational tasks were administered to a sub-group of families ($n=59$) chosen at random. Mother-child dyads participated in the Strange Situation to assess child attachment (Cassidy & Marvin, 1992). Children, in the presence of their parents also took part in an emotion regulation task (Grolnick, 1996). Of the whole sample, 33% of children were diagnosed with ADHD. Results revealed that child characteristics, such that boys ($X^2=4.3$), older children ($t=-3.45$) and children with higher levels of sensory seeking difficulties ($t=2.18$) were more likely to be diagnosed with ADHD. However, although 54% of the children showed a disorganized attachment, contrary to past studies, child attachment was not associated with ADHD ($X^2=1.35$). Further analyses will be conducted on the emotional regulation task. The discussion will focus on the need to see whether ADHD, among children with more severe disturbances, is more likely a correlate of constitutional variables rather than mediated by the parent-child environment.

P326 Behavior problems of children in a clinical sample: The role of sensory processing and maternal psychopathology

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Although the prevalence of preschool disorders is estimated to be 8.3% (Lavigne et al., 1996), our understanding of the etiology of young children psychiatric disorders is still sparse (Egger & Emde, 2011). Existing data point towards an impact of child sensory processing difficulties (Gourley et al., 2013) and parental psychopathology (Breux et al., 2014) but the interplay between these variables in the explanation of behavior problems is still unknown. The aim of the study is to evaluate how maternal psychopathology and child sensory processing difficulties both relate to behavior problems in a clinical population of preschool children. Participants are 33 children ($Age=5.5$ years, $ET=.88$) and their mothers referred to a Montreal (Canada) outpatient child psychiatry clinic. Mothers completed the *Child Behavioral Checklist* (Achenbach & Rescorla, 2001), the *Short Sensory Profile* (Dunn, 2006) and the *Brief Symptom Inventory* (Derogatis & Spencer, 1982). Psychiatric diagnoses were retrieved from child records. Diagnostic prevalence was 24.1-55.2% for externalized disorders (ODD, ADHD), 0-13.6% for internalized disorders (depression, anxiety), and 3.4-31% for developmental disabilities (autism, language disorder, etc.). Results from linear regression analyses showed that externalizing problems, $F(7,27)=8.09$, $p<.01$, $R^2=.65$, are associated with more anxious ($B=.69$, $p<.01$) and less somatizing ($B=-.42$, $p<.05$) mothers and with children showing more sensation seeking behaviors ($B=-.69$, $p<.01$), movement ($B=-.34$, $p<.10$) and tactile sensitivity ($B=-.65$, $p<.01$), and less display of energy ($B=.36$, $p<.05$). Internalizing problems were associated with more obsessive-compulsive ($B=.60$, $p<.01$) and less hostile ($B=-.40$, $p<.05$) mothers and with children showing more auditory processing ($B=.47$, $p<.01$) and tactile sensitivity ($B=-.34$, $p<.05$) issues, $F(4,27)=7.11$, $p<.01$, $R^2=.48$. These results show that specific maternal psychopathology symptoms and child sensory processing difficulties are important risk factors associated with internalizing and externalizing behavior problems of young children referred to a child psychiatric clinic. The discussion will focus on the clinical implications of these results.

P327 Parent- and child-related stress attributions and parental self-efficacy in parents of children with visual disabilities

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Introduction: Rearing a child with a disability can be stressful for parents. Having a child with a disability can influence feelings of parental self-efficacy, since high parenting stress has been related to low parental self-efficacy. It is unclear whether these lower levels of parental self-efficacy are particularly associated with stress attributions regarding the child or regarding the self. More insight into these associations is important, because lower levels of parental self-efficacy are associated with less competent parenting, which may put these children already at risk for maladaptive outcomes, even more at risk.

Aims of the study: How are parent- and child-related stress attributions associated with parental self-efficacy in parents of children with visual disabilities?

Material and methods: Fifty-seven mothers and 10 fathers (age: $M=35.4$, $SD=5.36$) participated with their child with a visual disability (age 1-5: $M=3.28$, $SD=1.16$; 37 boys, 30 girls; 63 low vision, 4 blind; 21 with additional intellectual disabilities) in the study. Parents completed the Parenting Stress Index and the Self-Efficacy in the Nurturing Role-questionnaire.

Results: Parents reported average levels of parental self-efficacy. In step 2 of a multiple regression analysis, after controlling for child's gender and intellectual disability and parental education level in step 1, parent-related parenting stress (in combination with child's intellectual disability and education) was a significant predictor of parental self-efficacy ($Beta=-.72$, $t(61)=-8.27$, $p<.001$; $F(4, 61)=19.67$, $p<.001$, adjusted $R^2=.54$). When child-related parenting stress was added in the next step, this did not add to the model (R^2 change=.021, $p=.086$).

Conclusions: Parent-related stress attributions seem more predictive for parental self-efficacy than child-related stress attributions. In intervention a focus on these stress attributions may be useful in alleviating feelings of incompetence to improve parenting for these vulnerable children.

P328 Stress levels and family functioning: a preliminary study with parents of children with autism spectrum disorders

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Introduction: Autism is a serious, developmental disorder, characterized by significant impairments in social interaction and in both verbal and nonverbal communication, restricted interests and repetitive behaviors. To bring up a child with an autism spectrum disorder (ASD) may lead significant levels of stress and changes in family functioning (Derguy et al., 2015).

Aims of the study: Our preliminary research aimed to detect levels of stress in an Italian sample of parents with a child diagnosed with ASD, analyzing the presence of possible differences between mothers and fathers; in addition we explored if and to what extent stress levels may predict family functioning.

Material and Methods: The study involved 40 parents (20 parental couples) with children with autism spectrum disorder (ASD). The tools we used were: 1) A demographic and family background questionnaire; 2) the Family Assessment Device (FAD; Epstein et al., 1983), a 60-item self-report questionnaire investigating such dimensions as problem-solving, communication, roles, affective responsiveness, affective involvement, behavioral control and general functioning;

and 3) the Parenting Stress Index (PSI; Abidin 1983), a 101-item questionnaire that includes Child and Parent Domains, overall organized on 13 sub-scales.

Results: Findings pointed out very high levels of stress among mothers and fathers, with no differences according to gender (Student's *t* test; $p > .05$). Through linear regression analyses we found that levels of stress significantly predicted family functioning in both mothers (adjusted $R^2=.20$; $p < .05$) and fathers (adjusted $R^2=.342$; $p < .01$).

Conclusions: Our study highlighted the importance to develop programs specifically targeted to support both parents of children with ASD in order to reduce their stress levels; this, in turn, might produce a positive impact on the quality of family functioning.

P329 A 2-year-old girl with food refusal symptom stemming from maternal anxiety

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Introduction: Children need adequate nutrition to satisfy the demands of growth and permit brain development. For feeding to succeed, the parent and infant have to have an adequate emotional relationship. So the care giver's psychological condition is very important to perform this reciprocal relationships well. There is some research about risk factors of feeding disorders with maternal psychopathology. A high level of mother's anxiety can also be a risk factor for feeding disorders.

Aim: To present and discuss how maternal anxiety frustrates the mother-baby relationship and causes feeding problems.

Description of the case: A two-and-a-half year old girl who presented food refusal symptom for 4 months was admitted with her mother to our clinic. Her other symptoms were negative relationship with mother and sometimes anger. In the family interview, we learned that the parents were divorced one year ago and the grandmother was helping to care for our case since the child had a working mother. During the therapeutic process, counseling was useful in creating a positive relationship between the mother and the child. After one month, there was an improvement in the dyadic relationship which established a better emotional bond, and also the feeding problem disappeared.

Conclusion: Feeding problems, especially food refusal in infants strongly depend on the care giver's emotional relationship. The family dynamics and mother-child relationship are very important in assessing the child's symptoms or disorder.

P330 Sensory processing characteristics of children with autism spectrum disorders medicated with methylphenidate

Rosa, B.¹, Leite, V.², Cunha, S.¹, Araújo, C.², Barbosa, C.¹, Martins, V.¹, Dias, G.¹, Fernandes, G.¹

¹ *Child and Adolescent Psychiatry Department, Centro Hospitalar do Porto, Porto, Portugal;*

² *Child and Adolescent Psychiatry Department, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal*

Introduction: Children with Autism Spectrum Disorders (ASD) have been described in some papers as having a great percentage of dysfunction in sensory regulation. Apart from the diagnosis, each children has a unique sensory pattern ranging from hypersensitivity to hyposensitivity. The assessment by an occupational therapist is essential to fully understand the behaviour of these children. Some ADHD children also share some degree of dysfunction in their sensory processing. 30-50% of children with ASD have an ADHD as a comorbid disorder and benefit from being medicated with methylphenidate at the school age.

Aims of the project: To evaluate sensorial characteristics of children with ASD medicated with methylphenidate.

Description: Characterization of the sensory pattern of an ASD children sample from the Infant unit of the Child and Adolescence Psychiatry Department of Centro Hospitalar do Porto medicated with methylphenidate. Analyses of data still in progress.

Conclusions: Prospective studies are needed in order to understand if the sensorial characteristics of ASD toddlers could predict the benefit of the use of methylphenidate in the school age. This could be relevant in clinical practice to establish a treatment plan for these children.

P331 Child day unit: an approach to the intervention in psychopathology of children living in residential care

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Introduction: Residential care is a stressor in children's psychoaffective development and a well-known risk factor for psychopathology. These children are a vulnerable group that mental health professionals must pay attention in order to identify signs of dysfunction in emotions and behaviors. When psychopathology or warning signs for the development of psychopathology are present, the intervention in a day unit allows a structured approach, individually and in group, following an individual assessment and treatment plan based on the child's needs.

Aims: The authors aim to describe the characterization of the children assisted at day unit in the Child and Adolescent Department Psychiatry at Centro Hospitalar do Porto and to describe some of the activities performed with these children.

Description: Review of clinical records focusing on reason for referral, diagnosis according to DC03R or DSM5 depending on the age, developmental assessment and length of intervention in Day Unit. Since 2012, 16 children living in residential care attended the Child Day Unit. Further analyses of data still in progress.

Conclusions: More studies are needed to understand what the best approach could be regarding children living in residential care with psychopathology, bearing in mind the lack of family background. In fact, a multidisciplinary approach involving mental health services, residential care facilities and juridical area could achieve major benefits for children well being.

P332 Retrospectives studies of children's somatic antecedents between the age of 0 and 2 years who after present behavioral disorders.

Medjdoub, H., Welniarz, B.

Psychiatric Hospitalization for Children, Public Health Establishment of Ville Evrard, Neuilly Sur Marne, France

Introduction: Behavioral disorders are sometimes the expression of a pathology in the parent-child relationship. In the medical histories of these children are often found various benign somatic symptoms during the first two years of their life.

Purpose of the work describes: verify the hypothesis that pathology of disorder of the early bond is firstly expressed in somatic sphere and later untreated in behavioral sphere

Description of projects: review the children's medical record, reconstruct the history of the disease and verify this hypothesis (Children between 5 and 11 years hospitalized for behavioral disorders).

Conclusions: the first results tend to confirm this hypothesis.

P333 Changing Destinies: The Re:Start Infant Family Programme For Early Autistic Behaviours

Acquarone, S.

Parent Infant Clinic & School of Infant Mental Health, London, UK

Introduction: Autism affects 1% of the general population and 25% of babies born prematurely. Signs of autism (what we call pre-autism) can be seen from birth: sensorial hypersensitivity, dysregulation, isolation, gaze avoidance, repetitive behaviour, clinginess and hypotonia. Stella Acquarone, PhD. has developed ASSESS, a pre-autism variate of her Detection Scales for Early Relationships specifically designed for identifying and tracking the early signs of alarm. Over the years her scale has been used as a primary tool in the assessment of at-risk children and their carers (usually the mother). Dr Acquarone's Parent Infant Centre (incorporating her Parent Infant Clinic and School of Infant Mental Health) pioneered Re:START, a unique multi-discipline intensive treatment approach that uses primary relationships to reconnect the pre-autistic child with the family and vice-versa. Families from all over the world have completed the programme.

Aims or Purpose: To ASSESS all at-risk babies and enable parents to Re:START infant-family development away from debilitating autistic behaviours.

Description: The ASSESS scale can be used to screen and evaluate possible cases and individual case progress ("before" and "after" treatment, for example). The scale measures pre-autistic behaviours in infants and their primary carers by observing directly (or indirectly through home videos or videos taken at the clinic) their behaviours in the first consultation, after the treatment and any subsequent assessment. The scale is linked to a set of graphs that group individual observations into four main areas of concern: interpersonal, sensory, motor and affect. Improvement (or regression) in each area can be seen clearly.

The Re:START treatment programme involves the entire family over 3 weeks of 6 hours per day in different combinations of individual therapy for each member of the family and in different combinations between them.

Conclusion: With proper assessment and effective treatment, it is possible to avoid autism.

13:15 - 14:45 Symposium

Meeting the very sick baby in NICU and beyond: applying the Newborn Behavioural Observation (NBO) in supporting vulnerable relationships between the baby and her parents, from diverse international settings.

Moderator: Paul, C^{1, 2, 3}

¹ *Mental Health, Royal Children's Hospital Melbourne, Parkville, Australia;*

² *Department of Psychiatry, University of Melbourne, Parkville, Australia;* ³ *Murdoch Children's Research Institute, Parkville, Australia*

The newborn behavioural observation system (NBO) with high risk infants in the home setting in the USA

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² *Colorado School of Public Health, University of Colorado, Denver, United States*

Introduction: The Newborn Behavioral Observations system (NBO) is a neurobehaviorally-based relationship-building tool designed to sensitize parents to their infant's competencies and uniqueness. The NBO system consists of a set of 18 neurobehavioral observations, which

describe the newborn's self-regulatory capacities and behavioral adaptation from birth to the third month of life. While all infants have a wide range of behavioral competencies, the high-risk infant's ability to self-regulate seems compromised and limited in duration making it difficult for a parent to understand the behavioral cues of their infant.

Method: This paper will demonstrate how the NBO can play a crucial role in early intervention practice with high-risk infants by providing a context under which behavioral organization can be understood and provide parents with strategies to respond to their infant in a way that matches their child's developmental needs. The effective use of infant behaviors as a relationship-building tool include active listening and the shared observation of the infant in the parents' presence, narrating to the parents what the clinician is doing and what he or she sees, and involving the parents actively in the session. The shared observation of infant behaviors is an active experience for parents; the clinician draws them in and actively involves them in the session by creating the opportunity for them to share their own observation of their infant and express their own interpretation of their infant's behaviors, self-regulatory efforts and developmental status.

Conclusion: Using the synactive theory and its behavioral dimensions (AMOR: autonomic, motor, organization of state, responsivity) as a framework for understanding behavioral functioning and self-regulation in the young infant, the behavioral profile that emerges from the NBO session provides clinicians with information needed to determine the infant's developmental strengths and vulnerabilities, and intervention strategies designed to meet their specific developmental needs.

Promoting the parent-infant relationship: Using NBO in the neonatal unit to improve infant communication and parent understanding

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¹ Nursing, Midwifery and Allied Health Professions, Barts NHS trust, London, United Kingdom;

² Starlight Neonatal Unit, Barnet Hospital, , Royal Free NHS trust, London, United Kingdom

Introduction: The work of Dr Brazelton revolutionised the way we look at the newborn infant. The utilization of the Neonatal Behavioral Assessment Scale (NBAS) transformed the perception of the newborn infant from a blank slate with only reflexive actions, to a clear understanding of the unique behavioral profile and wide ranging competencies.

Aim: The Newborn Behavioral Observations (NBO) system has supported a shift from assessment and diagnosis to relationship building and observation. The NBO is a brief neurobehavioral scale consisting of 18 items designed to help clinicians sensitize parents to their child's competencies and uniqueness. It contributes to a positive parent-infant relationship right from the very start (Nugent et al, 2007). It therefore has a vital role to play in NICU practice.

Description: The birth of a preterm infant represents a major crisis for parents, impacting the acquisition of their parental role. The NICU has been acknowledged as a difficult place to establish meaningful and positive parent-infant interaction (Moehn & Rosseti, 1996). Research focusing on parenting in the NICU highlighted the importance of parent involvement moving beyond purely involvement in basic caregiving activities, to ensuring that parents can nurture and care for their infants in ways that are meaningful to them (Gibbs et al 2015).

Conclusions: This paper will present a case study on the use of the NBO in the NICU for high risk infants demonstrating a process of guiding intervention, particularly in supporting parents with anticipatory guidance, as they increase their confidence in caring for their infant through sleep, touch/handling, feeding, crying and social interaction. Therapist reflections on the applicability of the NBO as an effective relationship building tool will be discussed.

The Newborn Behavioral Observation as relationships building tool In Brazil: the perspective of mothers and professionals

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Depto. de Terapia Ocupacional, Universidade Federal Minas de Gerais, Belo Horizonte, Brazil

Introduction: The Newborn Behavioral Observation (NBO) was introduced in a Brazilian hospital as the first step of a developmental follow up program for neonates biologically and/or socially at risk. Sofia Feldman's Hospital, located in a socially disadvantaged neighborhood, is a model hospital that both implements and generates policies for the Brazilian Unified Health System. The NBO was introduced as the first step in a one year follow program designed to reduce parental stress and strength the relationship with the infant as a means to promote better developmental outcomes.

Aims: To present the profile of Brazilian infants and discuss the perceptions of the mothers and professionals regarding the NBO. The NBO was conducted when the mothers were getting ready for discharge from the hospital, a period in which they stay at "Casa do Bebê" (Baby's House), an intermediary facility set up as a house, where they wait for their babies' weight gains, phototherapy or any other procedure that can be done outside the hospital. The Casa provides a shared environment in which the NBO was used to initiate a long term relationship with the families, which will be followed for a year.

Description: Quali-quantitative research project in which over 125 NBO of preterm and full term infants were conducted by trained clinicians, most of them within 1 month of the delivery. These observations were scored and a profile of the infants will be presented. The mothers filled out the NBO Parent Questionnaire and in a number of observations a second trained clinician was present and, afterwards, interviewed the mothers concerning their perceptions and experience with the NBO. The clinicians involved with the NBO were also interviewed, concerning their perceptions of the usefulness of the NBO as a relationship building tool.

Enhancing the relationship between very sick newborn babies and traumatized parents using the Newborn Behavioural Observation

Chapman, M, Paul, C

Infant Mental Health , Royal Children's Hospital, University of Melbourne and MCRI , Parkville , Australia

Introduction: Infants are born ready to engage. They are looking to connect and be social. Babies who are born very sick or with and find themselves hospitalized requiring intensive medical care in the neonatal and other wards may also be ready to engage with people. Illness and bodily anomalies may make it hard to be aware of these capacities.

Method: The Newborn Behavioural Observation (NBO) System is a method designed to help families and infants connect with each other. It is a structured system of observations that are shared between the NBO clinician and the family, with the aim to identify the infant's communication cues and intentions. It provides a representation of the baby as a person, who is ready to connect and engage. The NBO has been used with very sick hospitalized neonates, with the aim to help families see their infant as a person, rather than just see the physical illness which their infant is experiencing.

Results: Using the NBO with very sick hospitalised neonates and their families has provided a tool for connection. It has enabled infants to demonstrate strengths in themselves, and within their emerging family relationships. Despite the physical challenges that neonatal illness, injury or congenital abnormality may present, the NBO is a flexible and adaptive procedure that opens

opportunities for both families and infants to find each other. It also allows sick infants to assert themselves, beyond their physical condition. This paper will include clinical vignettes and videos to demonstrate the usefulness of the NBO in this setting.

Conclusion: The NBO is a clinical technique that has the adaptability and sensitivity to help build the relationship between very sick babies, and their often traumatised parents.

13:15 - 14:45 Symposium

International perspectives on fathers and infant mental health

Moderator: Fitzgerald, H.

Department of Psychology, Michigan State University, Michigan, United States

The association between fathers' prenatal anxiety, infants' characteristics, and father-infant interaction at 6 months

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¹ *Institute of Psychology, The University of Oslo, Oslo, Norway;* ² *The Center for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP), The Network for Infant Mental Health, Oslo, Norway;* ³ *Diakonhjemmet Hospital, Child & Adolescent psychiatric ward (BUP-VEST), Oslo, Norway*

Introduction: Past research has mainly focused on the interaction between mother and infant and the knowledge of how fathers interact with their infants as caregivers is more scarce (Parfitt, et al., 2013). A growing participation among fathers as active caregivers in infancy highlights the need for more knowledge on how they actually interact, both in research and in clinical encounters.

Participants: The sample consisted of 256 fathers and their infants, participating in the "Little in Norway" study. Data collection comprised five time points during pregnancy and 6 months postpartum.

Aims: To explore the association between fathers' adverse childhood experiences, anxious and depressive symptoms pre- and postpartum, marital satisfaction, perceived infant characteristics at 6 months, and father-infant interactional quality at 6 months.

Results: Preliminary results showed that perceived problematic behavioral characteristics among the infants at 6 months (slope=.022, $p<.005$, $h^2 = .037$,) and elevated paternal symptoms of anxiety during pregnancy (.043, $p<.05$, $h^2 = .025$) significantly predicted interactional father-infant quality at 6 months. Depressive symptoms (pre- and postpartum), relational disharmony and adverse childhood experiences (ACE) did not reach statistical significance ($p>.05$).

Conclusions: This study is among the first studies to explore the association between fathers' characteristics measured during pregnancy, with interactional father-infant quality postpartum. Significant associations between elevated anxious symptoms during pregnancy and fathers' perceptions of the infants' difficult behavior with father-infant interactional at 6 months were found. Healthcare providers need to be more attentive towards fathers' emotional health during pregnancy and fathers as autonomous informants, since such knowledge represents a significant opportunity for preventive intervention.

In the quest for sources of preterm babies' resilience: The role of mother-father-infant interactions

Kmita, G.^{1, 2}

¹ *Faculty of Psychology, University of Warsaw, Warsaw, Poland;* ² *Department of Early Psychological Intervention, Institute of Mother and Child, Warsaw, Poland*

Introduction: Numerous studies point to compromised cognitive, emotional and social functioning of preterm infants in later life. At the same time a substantial number of prematurely born children experience (relatively) healthy development and adjustment, despite the initial medical complications. Since early relationships form the building blocks of human development, we can expect that studies of infants' interactions with mothers and fathers may shed some light on possible mechanisms of preterm children's resilience.

Aim: Presentation is aimed at exploring the processes of mother-father--preterm infant interactions, analysed at macro- and micro-level over the course of the first year of life, as well as their potential role in promoting healthy development of premature children.

Method: Presentation is based on selected results of a longitudinal study on biological and relational antecedents of self-regulatory competence in preterm vs. full term babies. The subjects were 90 babies and their parents recruited from two NICUs. Three equal sized groups (3 x n=30) were enrolled: "extremely preterm", "very & moderately preterm", and "full term", and assessed at 1, 3, 6 and 12 months of age. Interactions of babies with mothers and fathers were recorded, and analyzed at micro- and macro level with OBSERVER XT. A mixed method approach and a paradigm of novelty (new place) & double novelty (new place & new person) were used.

Results: Selected results of macro - and microanalysis of interactive behaviors will be presented. Dynamic relationships between patterns of interactive regulation in mother-father - infant triads and babies' self-regulatory strategies at the age of 3-, 6- and 12 months will be analyzed. Specific features of maternal and paternal interactive contributions in the context of babies' competences and difficulties will be discussed.

Maternal and paternal intrusiveness and parent and child affect: A moderation analysis

Cabrera, N., Karberg, E., Malin, J.

Department of Human Development, College of Education, University of Maryland, Maryland, United States

Research indicates that fathers make a unique contribution to children's development over and above mothers', particularly in social development (Cabrera et al., 2014; Parke et al. 2004). Specifically, children show improved social skills when fathers are sensitive and warm, whereas children with fathers who are intrusive and negative in their inter-actions are likely to experience more regulatory and behavioral problems (Youngblade & Belsky 1992). A study of 4-year-old middle-class children found that paternal intrusiveness predicted problem behaviors in kindergarten (Stevenson & Crnic, 2013). However, other studies with low-income families have found no such associations (Cabrera et al., 2007). Mixed findings suggest that critical issues remain. First, it is unclear whether the association between parental intrusiveness and children's outcomes is consistent for both parents. Second, maternal intrusiveness predicts child engagement but only in White families; in minority families this association depended on levels of maternal warmth (Ispa et al., 2004). To address these gaps, we ask: (a) Among ethnic minority families, are maternal and paternal intrusiveness during play at 24 months old related to emotion regulation and sustained attention? (b) Does parental and child affect during intrusiveness moderate this association? The sample consists of 140 ethnic minority mothers and fathers and their 24-month-old children recruited from Early Head Start centers across the United States. Preliminary results suggest that fathers' intrusiveness at 24 months is negatively associated with children's sustained attention in pre-K ($B = -.32, p = .02$) and does not vary by levels of parental or child affect. For mothers, the effect of maternal intrusiveness on children's regulation depends on the level of shared affect. Maternal intrusiveness is related to higher sustained attention only when there is shared affect between mothers and children ($B = .45, p < .001$).

Father-child interactional synchrony as a function of paternal depression in a low-income Brazilian sample

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Little research has explored the relation between paternal depression and father-child interaction. Although past research has shown that paternal depression impairs parenting (Dubin & Wilson, 2010) and have negative consequences for the child's development (Ramchandani et al., 2008) other studies report contradictory findings. Lundy (2002) found that paternal depressive symptoms were unrelated to the quality of father-infant interactions. Field et al. (1999) report that depressed and nondepressed fathers interacted similarly with their infants. Our past results showed that fathers with depression symptoms perceived themselves more involved in the family (de Mendonça et al., 2013). Considering that our study was based on self-reported measures, it is our objective to better understand the impact of paternal depression on father involvement by observing father-child interaction, using the same sample from the study cited. Forty-six father-child dyads from low-income Brazilian families were observed in a free play situation at child age 36 months. Measures of interactional synchrony (interpersonal distance, visual and body orientation and dyadic involvement) were coded. Paternal depression was evaluated at 36 months (EPDS). Results showed a relation between paternal depression and father-child distance. Past research has derived three factors from the EPDS total score representing different dimensions of depression: *depressive symptoms*, *anhedonia* and *anxiety symptoms* (McVey & Tuohy, 2007). Analysis using these factors showed a significant correlation between *depressive symptoms* and father-child distance ($p=.030$), suggesting that when fathers are depressed they get closer to the child, confirming our previous results. Results will be discussed in an evolutionary perspective (Hagen, 1999; Trivers, 1972), suggesting an adaptive value of paternal depression. Further discussion will consider sampling characteristics, family system theory (Minuchin, 1985) and the ecocultural model of development (Keller, 2010).

13:15 - 14:00 Symposium

Ghosts or Angels? Researchers in the nursery - psychoanalytic thinking and the research process

Moderator: Jordan, B.

Social Work, Royal Children's Hospital, Murdoch Childrens Research Institute, The University of Melbourne, Melbourne, Australia

Discussant: Kraemer, S

Tavistock Clinic, London, United Kingdom

What's in it for me? Why do overburdened parents and their infants engage with and stay engaged in research?

Coombs, N.^{1, 2}

¹ *Paediatrics, The University of Melbourne, Melbourne, Australia;* ² *Early Years Education Research Project, Children's Protection Society, Melbourne, Australia*

Having trained as a psychoanalytic psychotherapist and now in the position of coordinating a randomized control trial, I have sought to integrate the space between the psychoanalytic and the empirical. The motivations of overburdened and highly vulnerable populations engaging in research, as well as the relationship between researcher and participant are therefore of great

interest. This paper seeks to explore clinical researcher-participant relationships and research engagement by examining vignettes of *control group participation* in the Early Years Education Research Project (EYERP) in Melbourne (Australia). The EYERP is a randomized controlled trial comparing the effects of an intensive, attachment theory informed, early childhood education and care program for significantly at-risk infants and toddlers with usual community care. Despite the challenges of homelessness, drug use, poverty, abuse and neglect, participants remain engaged in this research project, some now for more than five years. Supporting dynamics that motivate and facilitate research engagement for highly at-risk infants and their parents appear to include the longevity and equanimity experienced in the researcher-participant relationship, enjoyment and curiosity, social comparison, therapeutic interest, empowerment, informing 'change', feeling valued, respected and interesting. This paper argues that a greater appreciation of the research alliance is likely to be important in examining how the research process is shaped by the motivations of those who engage, as well as helping to maintain current levels of research engagement through the development of more positive research relationships. This is crucial in ensuring the voices of our most vulnerable infants and their parents are represented in infant mental health "evidence".

Project EVA - Evaluation of two early prevention programs with children at risk

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Sigmund-Freud-Institut, Sigmund-Freud-Institut, Frankfurt, Germany

As many studies in the field of empirical infant, behavioral and psychoanalytic attachment research have demonstrated, the experience of a stable emotional relationship in the first years of life is the best precondition for a creative psychological, cognitive and psychosocial development, including the acquisition of language. Numerous prevention programs rely on these empirical findings and offer support to children as early as kindergarten age; yet such offers do not reach all families. In view of these facts, the project EVA assesses the differential effects of two established early prevention programs EARLY STEPS (a psychoanalytically oriented early prevention program) and FAUSTLOS (a standardized prevention curriculum). Both programs are offered in fourteen day-care centers in Frankfurt at Main in socially problematic rural areas. The EVA study aims at evaluating the advantages and disadvantages of both prevention programs when implemented in a high-risk population. In September 2011 a replication of the EVA-study was initiated. Children of both studies – the primary EVA-study and the replication study – have now been assessed and first data-analysis confirm our preliminary results of the primary study that the psychoanalytically oriented prevention program EARLY STEPS caused a significant number of children to change their attachment pattern from an insecure to a more secure one. In contrast, no statistically significant changes in attachment styles are detected in children who took part in the prevention FAUSTLOS as the sole prevention measure implemented.

These results of differential changes in attachment patterns in early prevention will be presented.

Experiences from an early prevention program for children with an immigrant background–methodological and practical challenges

Leuzinger-Bohleber, M., Lebigier-Vogel, J., Busse, A., Fritzemeyer, K., Rickmeyer, C., Walther, A.

Sigmund-Freud-Institut, Sigmund-Freud-Institut, Frankfurt, Germany

Children with an immigrant background still tend to underachieve in German education with respect to their German peers and are more likely to live in high-risk environments. Quite a number of projects for the integration of these children exist. However most of them are hardly scientifically evaluated or focus solely on the acquisition of German language and therefore

address older children (and adults). The model project FIRST STEPS seeks to optimize the first environmental and relationship experiences of children with an immigrant backgrounds by supporting their parents in the critical phase of migration and early parenthood. In a prospective randomized comparison group design the short- and long-term effectiveness of a psychoanalytically oriented early prevention program (intervention A) is compared to the outcomes of groups offered by paraprofessionals with an immigrant background (intervention B). The project addresses pregnant first-generation immigrant women (from the second trimester on, and their husbands) who have no or little knowledge of the German language and have not been living in Germany for longer than three years. The participating families are supported until their children are about three years old. The project has already been implemented in Frankfurt and Berlin and is still ongoing. In Frankfurt $n = 229$ families have already been recruited. First preliminary results show that FIRST STEPS is accepted by these “difficult-to-reach” immigrant families. However due to our sample the project has faced specific challenges concerning the research design and data acquisition (e.g. time-consuming data acquisition, cultural sensitivity of research instruments, follow-up assessments) and it took a lot of effort to reach and engage the participating families. Methodological as well as practical challenges as well as strategies will be presented and discussed.

What’s a psychoanalyst doing in research trials in a public hospital?

Thomson -Salo, F.

Centre for Women's Mental Health, Royal Women's Hospital, Murdoch Childrens Research Institute, The University of Melbourne, Melbourne, Australia

I have been involved in three projects, first, a feeding trial to determine effect of position during bottle feeding on physiological stability for preterm infants, secondly a study to see if we could reduce maternal intrusiveness in new teen mothers and currently a study to reduce parents’ anxiety about their very premature infants being down transitioned to another hospital nursery. What am I doing it for? Giving away the power of the privacy of consulting room setting gains me the power not only to do joint sessions with a depressed baby with the neurophysiotherapist, or with the parents of a dying baby and physiotherapist, nurse and interpreter, but also to make other contributions. It may gain me a kind of power if people feel I have anything worthwhile to say. Being collaborative and transparent in a research process is one way that I work can be seen. Analysts are used to going back over stuff, and what is needed in research is the process of returning again and again to the questions and data which leads to new ideas. Research helps take the work to the next level of having something people want to hear. Above all, it is to bring an awareness of countertransference as key, inevitable in relationships between parent-infant dyad and the clinician; and help deepen reflective capacities and understandings of intra-psychic meanings of development including an appreciation of the complexity of organisational life (Cohen, 2014). In England it was said that having child psychotherapists in the national health system was like a Trojan horse, and while hopefully I’m not, I am committed to translating a psychoanalytically informed attitude to other disciplines as a main contribution I can make.

14:00 – 14:45 Symposium

The power of observation: understanding behaviors, relationships and social interactions during home visits

Moderators: Korfmacher, J.¹, Roggman, L.²

¹ *Child Development, Erikson Institute, Chicago IL, United States;* ² *Family Consumer and Human Development, Utah State University, Logan UT, United States*

Discussant: Schneider, A.
Early Child Development, CONASS, Brasilia, Brazil

Community of practice to support effective home visiting to at-risk families of infants and young children

Innocenti, M.¹, Roggman, L.²

¹ *Center for Persons with Disabilities, Utah State University, Logan UT, United States;* ² *Family Consumer and Human Development, Utah State University, Logan UT, United States*

Introduction: Research on effective practices for working with at risk families of infants and young children often does not mesh with the realities of implementation (Azzi-Lessing, 2011). Professional development can help bridge this gap but new approaches with evidence are needed (Dunst & Trivette, 2009), particularly for small programs or practitioners working independently. A Community of Practice (CoP) approach to professional development can include practitioners at multiple sites and can be structured around research on effective practices.

Purpose: We developed a multi-program CoP structured around the Home Visiting Rating Scales (HOVRS; Roggman et al., 2010), an observational measure of home visiting practices (responsiveness to family strengths, relationship with family, facilitation of parent-child interaction, non-intrusiveness/collaboration), and family engagement (parent-child interaction, parent engagement, child engagement).

Description: At the first CoP meeting, facilitators provided a brief overview of these scales, followed by discussion of the practices and identification of group goals for improving practice. For three subsequent quarterly meetings, practitioners provided video clips of their practices, and facilitators identified videos that demonstrated the practice being used well. At each meeting the practice was discussed and selected high quality videos were shown, with permission. Participants were invited to describe only what they liked about the video clip (no criticisms or suggestions for changes). Small groups discussed the videos and shared ideas about implementing the practices. The larger group reconvened to share reflections. Pretest and posttest HOVRS ratings showed substantial overall improvement for practitioners who shared high quality practices. Following each meeting, participants completed a qualitative evaluation (See-Like-Add-Change-Plan) that revealed increasingly strong appreciation of how the CoP approach can improve their practices.

Conclusion: Data show the potential of CoPs for supporting effective practice, and that observation of practice is key. Practice discussions and video examples will be shared during this session.

Exploring the use of RIAS in a home visiting program for expectant mothers living in context of psychosocial risk in Santiago de Chile

Aracena, M., Contreras, P., Hoffman, S.

Escuela de Psicología, Pontificia Universidad Católica de Chil, Santiago, Chile

Introduction: This session will demonstrate the use over time of an observational system for measuring a home visit (HV) intervention provided by non-professional home visitors to expectant mothers living in contexts of psychosocial risk in Santiago, Chile.

Description: A qualitative descriptive analytic approach was used. Twenty video recordings were analyzed, consisting of 10 HV carried out each with two women across one year, beginning during week 20 of their pregnancies. Videos were selected purposively based on the quality of the recording, and as exemplars of family engagement, as noted by the research team. The intervention aimed to empower mothers in their roles as individuals as well as caregivers.

Observations were based on the Roter Interaction Analysis System (RIAS; Roter & Larson, 2002) a measure of social interactions between providers and clients, specifically adapted for home visiting. During the HV, different emotions emerged, but the visits were characterized by the emotional states of warmth, commitment and interest of both participants, with low indication of rush or speed of execution of home visiting. At the beginning of home visits, an increased use of questions (both open and closed) and the provision of information from the home visitor to the mother was observed, while the mother participated in a more passive state. However, as the home visit process progressed across visits, the participation of the home visitor decreased and the mother took a more central role, forming a dialogue. These elements contribute to building a positive rapport among both participants.

Conclusion: These results highlight the idea of a process of interchange between home visitor and mother that changes over time with each visit. The practice that most benefits the rapport between home visitor and the mother is the promotion of a positive emotional tone in the home visiting.

Observing home visitor behaviors and qualities using social exchange theory

Korfmacher, J.¹, Duggan, A.², Filene, J.³

¹ *Child Development, Erikson Institute, Chicago IL, United States*; ² *Bloomberg School of Public Health, Johns Hopkins University, Baltimore MD, United States*; ³ *Child & Family Development, James Bell Associates, Arlington VA, United States*

Introduction: Home visiting is an increasingly popular service delivery mechanism in early childhood, and current initiatives focus on evidence-based practices. The actual practice of home visiting, however, in terms of what actually happens in home visits, needs to be better understood.

Aims: This presentation provides a conceptualization of the core components of a home visit and will describe the development of a new observational instrument to capture important social interactions during home visits.

Description: Help-giving interactions entail both content (information) and the way this content is transmitted through social exchanges, which reflect how participants carry out their roles in visits. Early childhood home visits, with their combinations of informational guidance and relationship-based practice, meet a parent's dual need to: i) know and understand; and ii) be known and understood (Engle, 1992). The Roter Interactional Analysis System, Home Visiting Edition (RIAS-HV) is designed to capture these elements. It is an adaptation of a tool with wide-spread use in health circles (Roter & Larson, 2002) that has not yet been applied to early childhood home visiting. The RIAS-HV captures social exchanges that are both task-focused and based on social-emotional underpinnings. We will contrast this measure with other observational tools, as well as demonstrate how it captures variation in home visiting practice. We will also show case examples from a new study that uses sites from the national Home Visiting Applied Research Collaborative, a practice-based research network in the United States. This study uses the RIAS-HV to measure actual home visits as well as home visitor interactions with "standardized" caregivers in simulated visits.

Conclusion: Capturing how home visitors do their job in relation to families is crucial to understanding program implementation and improving practice. Innovative strategies using observation are necessary components of program monitoring and evaluation.

Using quantitative and qualitative measures to understand home visitor quality

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Introduction: Being able to track the content of services delivered is an important aspect of improving early childhood practice. This is particularly true for interventions that are being implemented in new settings, cultures and contexts.

Purpose: This presentation will demonstrate one home visiting intervention that evaluated Pakistani Lady Health Workers' ability to internalize responsive play and communication strategies and use them in their mentoring of parents during home visits.

Description: Researchers at the Aga Khan University conducted a study of the effects of responsive parenting and enhanced nutrition on children's development from birth to 2 years. Lady Health Workers (LHW) were given a three-day training supplemented with a one-day refreshers every six months and monthly on-the-job coaching to help parents provide responsive stimulation and nutrition for young children. Each LHW was coached by a supervisor on a regular basis and given feedback about how to facilitate parents' mastery of skills for interacting with their infants and toddlers. Quantitative data was collected regularly using checklists that supervisors used when observing the LHW and provided feedback on LHW strengths and areas of improvement. A one-time video recording of a home visit was also collected for each LHW. Additionally, data from parents' report of the visit and the LHW's self-perception of the visit were also collected. The collective information provides useful information on where the gaps are in LHW practice in order to improve upon those strategies to promote stronger positive outcomes.

Conclusion: Observing LHWs in action and providing them feedback is essential in improving program quality. The use of both the supervisor checklist and video-recording provides program implementers and policymakers with evidence important for creating policies that support the capacity development of Lady Health Workers.

13:15 - 14:00 Workshop

Working with parents of infants who lost a spouse

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Losing a parent in the early years is a traumatic experience that carries significant mental health risks to the developing child. The reliance of young children on their primary caregivers underlie the profound emotional and developmental risks. Recent childhood bereavement literature has highlighted the importance of therapeutic dyadic work with the child and the surviving parent. (Lieberman et al. 2003). In this presentation we argue that a major risk for infants' mental health, following the loss of their parent, lies in the enormous challenges confronted by the surviving parent. The loss of the parent's own main attachment figure jeopardizes, to a great extent, his/her ability to function as a secure attachment base for the child. We present a rational and a conceptualization of the therapeutic work that needs to be done with the surviving parent. This "Parent Therapy" (Cohen, 2007) is neither individual therapy for the parent, nor a form of parent counseling or guidance. It is advised as complementary to the work with the child-parent dyad, leading to a much better outcome. We demonstrate how creating a safe environment and undoing the aloneness of the parent in his parenting role and experience, helps the parent deal with his bereavement process in ways that enables him/her to be available for his child's needs. The therapeutic work is organized around the dual process model of coping with bereavement (Strobe, et al., 2005), emphasizing the regulatory oscillation between pain of loss and growth potential. The

therapy in terms of themes, fluctuates between issues burdening the parent and issues of parenting dilemmas. Our experience shows this type of work gears in transformational growth which is beneficial for the parents well being, as well as his ability to accompany his child's mourning process.

14:00 – 14:45 Workshop

Putting IMH and social emotional development back into the larger context of infant development

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Infant mental health is described as synonymous with social-emotional development. Yet, the markers, themes, timetable and challenges of infant-parent social emotional development tend to be eclipsed by Infant mental health as a body of interventions. Fundamentally however, it is typical social-emotional development that serves as the essential road map on which we all depend to guide us in our clinical work with infants and parents. Further, the relationship of social-emotional development to the other domains of development tends to be even further obfuscated, as if social-emotional development unfolded in relative isolation. The two presenters in this seminar aim to illuminate and explicate these two facets of social emotional development. Workshop I: In this presentation, the foundational capacities and functional emotional developmental levels (FEDL) of the DIR Model (Developmental, Individual Difference, Relationship based) by Greenspan and Wieder will be described and detailed. Together they form an elegantly economical synthesis of the most salient features of social emotional development in the first six years. Not only are they a descriptive sequence but they also serve as the axis on which DIR as an intervention approach is guided for typical and special needs children. Workshop II: In this presentation, social emotional development is set in the context of infant development at large, demonstrating how social emotional development is intimately and inextricably linked to and interdependent with the other domains. Building on the FEDL paradigm and using a revised model of attachment-separation-individuation theory, the presenter identifies "Transactional Activators of Development" or markers and processes in related domains which serve as important bridges, catalysts and contributions to social emotional development and vice versa.

13:15 - 14:00 Workshop

Understanding appetite in infants with poor growth in the context of mother-child relationship

Ramsay, M.

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Introduction: One of the criteria in the newly-named diagnostic category AFRID (Avoidant/Restrictive Food Intake Disorder) is "the apparent lack of interest in eating, associated with at least one of the following: faltering weight/failure to achieve expected weight gain...". While the "apparent lack of interest" is a rather cautious statement, for the first time in DSM classifications it opens the door for the assessment and treatment of faltering weight in the light of poor appetite and mother-child relationship.

Purpose of the work described: To explain the two-factor theory of hunger/appetite: a) energy depletion component (responsible for activation of feeding in the newborn and young babies) and

b) the incentive-based component (developing over time, and usually well-established by age 4). Based on this two-factor theory, assessment and treatment of children and their mothers/parents in our feeding program will be described.

Description of the work: Children are assessed in terms of their medical and developmental histories, regulatory abilities, sleep pattern, appetitive behaviours, and their reactions to maternal attempts at feeding. Mothers are assessed for their strength and distress in general and during mealtimes, their ability to make changes and tolerate the child's resistance to feeding, as well as family and milieu support. Treatment modalities depend on the age and medical health of the child and on the degree of maternal readiness to make changes. In the context of maternal and couple support and psycho-education, the team treats poor appetite, at times combined with behavioural intervention, and when needed, offer medication, nutritional advice and exercises for oral sensitivities.

Conclusion: The participants in this workshop will learn about appetite regulation, an important component of feeding in infants and young children; as well, they will acquire knowledge about assessment and treatment modalities used in helping mothers and families to cope and re-establish a working relationship.

14:00 – 14:45 Workshop

Clinical applications of the Lausanne Trilogue Play paradigm

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² Hincks-Dellcrest Centre and the University of Toronto, University of Toronto, Toronto, Canada;

³ Karolinska Institute, Karolinska University, Stockholm, Sweden

Introduction: Lausanne Trilogue Play (LTP) has become standard clinical practice in multiple centres around the world, part of a thorough assessment that includes a complete history, other observational tools, and standardized measures. The LTP can inform decisions around who to work with: coparents, a parent-child dyad, or the whole family. Videofeedback from the LTP can be used as a brief intervention where clinicians share and discuss preselected moments of strength and difficulty with parents. This can strengthen the therapeutic alliance, inform ongoing work, as well as shorten treatment times. The LTP is also used to look at treatment outcomes.

Aims of the project: This workshop will begin with a presentation of the setting and practice of a clinical LTP for the infant and preschool population. Some of the work being done at various sites will be discussed and illustrated using clinical vignettes.

Description of the project: In Rome the LTP is used in clinical settings with symptomatic children ages 3-12 years. It is introduced at session 3 of assessment. Where appropriate, families go on to brief systemic family therapy, enriched with videofeedback from the LTP. In Stockholm the LTP is standard practice for assessment up to age 7 and in treatment up to age 16. The videofeedback session is used to select which subsystem to engage. Here, family systems work is incorporated with Interaction Guidance. In Toronto the LTP is part of clinical assessment from early infancy to school age. Parents are offered a single-session videofeedback consultation. Some then go on to a brief family intervention combining family systems with attachment theory.

Conclusions: The LTP has now been adapted for use in multiple sites and a variety of clinical settings. Video presentations from these sites will provide a foundation about this novel approach.

13:15 - 14:45 Brief Oral Presentations

Infant Mental Health across Diverse Cultures

Facilitator: Judd, K.
Australia

Shared Pleasure moments in a sample of South African mothers with severe mental illness

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Introduction: Maternal mental disorders are approximately three times more prevalent in low and middle income countries than in high-income countries. Maternal mental illnesses slows the mother's ability to detect and respond to shifts in expressions and communication by the infant, placing various aspects of mothering at high risk. The capacity of parents to provide the kind of care that promotes security of attachment in infancy and good developmental outcomes can be further compromised in the developing world by adverse social conditions and high rates of maternal depression. Public health programmes on child development in LMIC are starting to focus on interventions that promote maternal mental health and appropriate parenting as a means to improve child outcomes.

Purpose & description of project: Shared pleasure (SP) moments in parent–infant interaction is defined as the parent and the child sharing positive affect in synchrony (Puura *et al* 2002). Shared Pleasure is an important feature that fosters positive psychological development and moderates the health effects of other risks such as parental psychopathology.

South Africa has a diverse population that differs greatly in terms of psychosocial and cultural backgrounds. It is of interest to be able to describe Shared pleasure as experienced by South African mothers with mental illnesses, within a specific cultural context, in that South African women possess a unique manner of expressing and communicating within different linguistic groups..

Conclusions: Being able to recognize and screen potentially for an early resilience marker as measured by SP moments, experienced by South African mothers both with mental illnesses holds promise for simple and practical future interventions with at risk mothers and their at risk infants.

Childbirth experiences and mother -infant relationships in Uganda

Ouma, S.

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High rates of maternal mortality and morbidity continue to be reported in many developing countries but little is known about the effects of childbirth experiences on mother –infant relationships in those parts of the world. This mixed method study seeks to explore the association between childbirth experiences and mother –infant relationships in Uganda. We specifically aim to explore the effect of posttraumatic stress symptoms due to labour and delivery on mother –infant interactions, controlling for mother's resilience, attachment style, postnatal depression, and demographic situation. 80 mothers with live singleton babies were recruited from a postnatal maternity ward at Mulago national referral hospital in Kampala between May and June 2015. When babies are four months old in September and October 2015, 50 mothers will be asked to complete questionnaires including a demographic survey, IES-R, EPDS, ASQ, and CD-RISC and be observed in a video recorded free play interaction with their babies at home. Individual narrative interviews of women's experiences during pregnancy, labour and delivery will also be

conducted with 20 of the 50 mothers. The mother –infant videos will then be coded using Biringen's 4th edition of Emotional Availability (EA) Scales to assess the interaction. Regression analyses will be conducted to assess the correlation between maternal variables and mother – infant scores on EA Scales. Thematic analysis of mothers' narratives will be done to further highlight specific childbirth experiences of a sample of Ugandan women. In this paper, we will report key findings about the association between childbirth experiences and mother –infant interactions.

The significance of augmentative and alternative communication: A case study on the emotional availability of a dyad of a mother and her child with a severe motor impairment
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Introduction: For many children with disabilities, the clarity with which they can communicate their mental states might be compromised by the presence of functional impairments (Howe, 2006). Assistive Technology (AT) is a capability enhancer; children with severe motor impairment can significantly benefit by using AT to access Augmentative and Alternative Communication (AAC), defined as all forms of communication other than oral speech (Wise, 2012; ASHA, 1988). Might the use of AAC and AT influence the ability of these children to effectively communicate their mental states with their parents and contribute to the dyad's emotional availability, namely the capacity to respond appropriately to the emotional needs and goals of each other (Biringen et al., 2014)?

Purpose of the work described: The purpose of this work is to examine these issues through a case study of a severely motor impaired child and his mother.

Description of the work: A case presentation of a six year old boy, with Spinal Muscular Atrophy type 1, severely motor impaired since six months of age, with eye movement control only, connected to a respirator and a gastrostomy feeding tube 24h a day. The child reads and spells fluently.

The presentation will include a video showing the child:

1. Playing with his brother, using an eye-controlled computer.
2. Sharing a night dream with his mother, using a unique partner-assisted-auditory-scanning technique.

Beyond the effective use of eye-control technology to access his communication tool, we will demonstrate how the child and his mother maintain effective communication and emotionally available interaction.

Conclusion: Maintaining spontaneous emotionally available communication is a challenge in a mother-severely motor impaired child-dyad, despite the increasing use of Assistive Technology to access communication. Nevertheless, it is not impossible, as this case study demonstrates.

Understanding the impact of culture on caregivers' roles and images: Powerful stories of Korean mothers raising children diagnosed with autism

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³ *Department of Applied Behavior Analysis (ABA) clinic, Seoul Metropolitan Children's Hospital, Seoul, South Korea*

Disability is not simply an 'objective' condition, but also a social characteristic of a person, influenced by a complex interactions of culture, economic status, gender, religion, exposure to media and a myriad other factors, including the subjective understanding of one's condition (Lee & Bursztyn, 2011). The purpose of this study was to describe how a complex interaction of disability, culture, and society unfolds for nine mothers of young children with Autism Spectrum Disorders (ASD) in South Korea. The narratives of mothers in this study illustrated how their perspectives were influenced by cultural and societal values and norms on the child development and child rearing practice. Also the mothers in this study showed their determinations to make sacrifice for their child with ASD and voiced willingness to try all types of therapies as the means of achieving their children's educational success (Lee, 2005; Yang, 2011). The mothers in this study thought of ABA as one of subject matters like math and science in schools and established busy weekly routines of ABA, speech therapy, sensory-integration therapy and physical activities. Despite the overwhelming amount of both helpful and unnecessary information, some mothers were able to make informed-decision such as receiving services like ABA with the strong support from their husband and other extended family members. Even though there were very few instances, the findings of this study showed the powerful impact of emotional support from family members. Personal stories of the mothers in this study shed unique insights when considering ways to support parents of children with autism. At the individual level, parenting education needs to include opportunities for parents to reflect and discuss cultural expectations and assumptions. On the broader societal level, it is important to strengthen the extent and quality of free appropriate special education services by incorporating more evidence-based practices.

Oxytocin in the postnatal period: investigating links with attachment and maternal caregiving

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⁵ *Rachael Services, St John of God Healthcare, Blacktown, Australia;* ⁶ *Psychiatry Research and Teaching Unit, South West Sydney Local Health District, Liverpool, Australia*

Introduction: Maternal adult attachment style is known to be one of the most robust predictors of infant attachment security, socio-emotional development and functioning across the lifespan. While maternal sensitivity has traditionally been considered key (Ainsworth, 1978), this factor alone has been shown to have insufficient explanatory power to account fully for the intergenerational transmission of attachment (van IJzendoorn, 1995). In recent years there have been significant advances in the understanding of the biological underpinnings and processes associated with maternal caregiving behaviour, and emerging evidence suggests that the neuropeptide oxytocin may provide a missing piece of the puzzle.

Aims of the study: This study investigated the impact of maternal oxytocin and adult attachment insecurity on maternal caregiving sensitivity at 3-4 months postpartum, observed during the 'free play' and 'reunion' episodes of the Still Face Paradigm.

Materials and methods: 112 mothers completed questionnaires and gave blood samples to determine oxytocin plasma levels before and after participating in the Still Face Procedure with their infant.

Results: Sensitive maternal caregiving during the free play episode was predicted by positive infant behaviour; during the reunion episode it was predicted by higher levels of maternal oxytocin and positive infant behaviour. Maternal oxytocin was also found to mediate the relation between higher maternal adult attachment avoidance and more sensitive maternal caregiving.

Conclusions: This study supports the growing body of literature pointing to links between oxytocin and sensitive maternal caregiving in the early postpartum period and suggests that this association is particularly apparent in the context of a reunion following a disrupted mother-infant bond. Oxytocin's demonstrated role as mediator between maternal adult attachment insecurity and maternal sensitivity provides an important contribution to our understanding of the biological processes involved in the intergenerational transmission of attachment and highlights many new exciting avenues for research.

Asylum seekers in detention: A common language of infant play

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Mandatory detention of asylum seekers and their children is current practise in Australia. An intervention to assist with the resultant anxiety, depression and despair for parents and infants was trialled for 15 months by three infant mental health professionals who, as volunteers, conducted a weekly infant centred playgroup within the detention centre. Histories and diagnoses were not available but these clinicians could regularly spend time with the asylum seekers in a space that was secluded from others with colourful clothes and equipped with simple toys. Despite the absence of interpreters, a common language was found through infant led play. An experience was shared of "being alive with the other" which proved to be profound for clinician, infant and parent alike. It demanded the capacity to acknowledge and bear the powerlessness, intrusion and disorientation of detention centre life, as well as to delight in the vivacity and development of both infants and parents. Dyadic regulation of emotion allowed for new possibilities in relationships. Vignettes illustrate how intimate exchanges between parents and infants mirrored wider issues and how some were able to make use of these experiences. Anne Alvarez claims people with chronic apathy resulting from a trauma, despair, neglect or autism need help back on track to symbolic thinking by introjecting possibly quite new experiences of relief, pleasure or the interestingness and receptivity of one's objects. They need a therapist to "feel with them". Michel de Montaigne argued that the most important thing in confronting political abuse was to maintain one's mental freedom. He put a conscious astonishment of life itself at the core of human existence. He said careful observation of what is going on around you will open your eyes to how marvellous ordinary things are.

13:15 – 14:45 Workshop

Tuning in to Toddlers: An emotion coaching program for parents of toddlers

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In the early years the parent-child relationship is critical in shaping many aspects of children's development, especially their emotional competence (the capacity to understand and regulate emotions). Evidence shows that the way parents respond to emotions, whether they teach children about emotions (emotion coach) and how parents model emotional expression all influence children's emotional competence. Further, early indicators of developmental risk first become evident during the toddler years and it is an important time for prevention and early intervention. There are very few evidence-based programs for parents of toddlers available, and of those that exist, most focus on responding to children's challenging behaviour or work with clinical-level attachment difficulties. *Tuning in to Toddlers*(TOTS) is a universal parenting program that aims to assist parents to understand and manage their own emotions, improve parent's emotion coaching, promote children's emotional competence and prevent the emergence of emotional and behavioural difficulties in the early years. TOTS is based on the empirically tested *Tuning in to Kids* program and teaches parents to emotion coach their children while also responding sensitively to the attachment and exploration needs of the toddler. In this workshop an overview of the program content will be provided including how parents are taught to respond to toddler's attachment related behaviours and the emotions underlying these. An overview will also be provided of a randomised controlled trial of TOTS that is currently underway with 290 parent-toddler dyads recruited through maternal and child health and childcare in the Melbourne metropolitan region. Challenges in measuring change in parenting will be discussed in this workshop.

13:15 – 14:45 Symposium

Infant sleep and sleep problems: culture vs. physiology

Moderators: Luijk, M.P.C.M.¹, Mileva-Seitz, V.R.¹, Ball, H.L.², Teti, D.M.³, Sadeh, A.⁴

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Relations between race/ethnicity, infant sleep arrangements, maternal distress, and infant-parent sleep across the first year

Teti, D.M.¹, Shimizu, M.¹, Kim, B. ¹, Crosby, B. ²

¹ *Human Development and Family Studies, The Pennsylvania State University, University Park, United States;* ² *Dept. of Psychology, The Pennsylvania State University, University Park, United States*

The wisdom of choosing solitary vs. co-sleeping sleep arrangements in infancy has generated much controversy and debate. The present study draws upon an NICHD-funded U.S. study to

examine associations between ethnicity [European American (EA) vs. non-EA] and infant sleep arrangements, maternal distress, bedtime parenting, and infant and maternal sleep quality. 167 families [(83% EA, 17% non-EA (African American, Asian, Latino, or Other)] with healthy infants were recruited and home-visited when infants were 1, 3, 6, 9, 12, 18, and 24 months. The rate of increase over time in the use of infant solitary sleep arrangements was significantly higher among EA families than non-EA families. Co-sleeping EA mothers reported more personal (depressive, anxiety symptoms) and coparenting distress compared to EA mothers who did not co-sleep, and also were observed to be less emotionally available to their infants at bedtime. These differences were not observed among non-EA mothers. Finally, co-sleeping EA mothers had elevated sleep fragmentation (from actigraph records), compared to solitary sleeping mothers. These differences in maternal sleep were not observed in non-EA mothers. Results will be discussed in terms of the role of cultural beliefs and expectations and how they shape parents' emotional and behavioral responses to sleep arrangement choices.

Sleep of breastfeeding and formula feeding mothers and infants in the early postpartum period

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Department of Anthropology, Durham University, Durham, United Kingdom

Perceptions that breastfeeding hinders maternal and infant sleep, may influence women's willingness to breastfeed. We explored sleeping patterns in exclusively breastfed and exclusively formula fed mother-infant pairs in North-East England using sleep diaries, questionnaires, and overnight sleep actigraphy. Postnatal depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS) and maternal sleep disturbance was assessed using the General Sleep Disturbances Scale (GSDS). We obtained data for 61 mother-infant pairs on total overnight sleep time (TST) and longest sleep period (LSP) for infants and mothers, as well as sleep disturbance and postnatal depression scores for mothers. Cross-sectional analyses found that Longest Sleep Period and Total Sleep Time were similar for breastfeeding and formula-feeding infants and mothers. No significant differences in sleep disturbance or maternal depression, which might be expected if women were experiencing inadequate sleep, were found between breastfeeding and formula-feeding mothers. These data support other recent findings that challenge older data on sleep duration of infants and their mothers according to feeding method. We speculate that this change may be due to alterations in the composition of infant formula in recent years, and/or changing sleep practices and expectations around breastfeeding and mother-infant sleep.

The role of parental characteristics in interventions for infant sleep problems

Sadeh, A.

The School of Psychological Sciences, Tel Aviv University, Tel Aviv, Israel

Infant sleep fragmentation (repeated and prolonged night-wakings) is a very common parental complaint. In the present research we assessed different parental characteristics as predictors of response to behavioral intervention aimed at improving infant sleep.

The study included a clinical sample of 61 infants (9-18 months of age) and their parents who sought clinical help for their infant sleep problems. The infants and their parents were assessed using questionnaires and lab tests during the baseline period. Following this baseline assessment parents received clinical guidance infant sleep and parental interventions were reassessed. Significant intervention effects were found all actigraphy sleep quality measures. For example, the number of night-wakings and their duration (as assessed by actigraphy) dropped significantly following the intervention. Maternal stress index score highly predicted the intervention efficacy.

Higher maternal stress predicted smaller improvement in infant sleep. These preliminary results suggest that parental characteristics may play a significant role in the efficacy of behavioral interventions for infant sleep problems. Assessment of underlying parental characteristics may help in improving treatment response and possibly preventing treatment failures.

Parent-child bed-sharing: the good, the bad, and the burden of evidence

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The practice of parent and child sharing a sleeping surface, or 'bed-sharing', is one of the most controversial topics in parenting research. The lay literature has popularized and polarized this debate, offering on one hand claims of dangers, and on the other, of benefits - both physical and psychological - associated with bed-sharing. To address the scientific evidence behind such claims, we systematically reviewed k=547 published papers (peer-reviewed, editorial pieces, and commentaries) on the topic of parent-child bed-sharing. Our review offers a narrative walkthrough of the many subdomains of bed-sharing research, including its many correlates (e.g., socioeconomic and cultural factors) and purported risks or outcomes (e.g., sudden infant death syndrome, sleep problems). We found general design limitations and a lack of convincing evidence in the literature, which preclude making strong generalizations. A heat-map based on k=81 eligible studies aids the reader to visualize world-wide prevalence in bed-sharing and highlights the need for further research in societies where bed-sharing is the norm. We urge for multiple subfields - Anthropology, Psychology/Psychiatry, and Pediatrics - to come together with the aim of understanding infant sleep and how nightly proximity to the parents influences children's social, emotional, and physical development.

13:15 – 14:45 Symposium

Measuring mother-infant interaction using engineering tools : which interest for clinic?

Moderators: Cohen, D.^{1,2}, Saint Georges, C.^{2,1}

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The universality of motherese prosodic characteristics across languages: contribution of an automatic analysis of motherese

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Introduction: Motherese, also known as infant-directed speech (IDS) refers to the spontaneous way in which mothers, fathers, and caregivers speak with infants and young children. IDS has been studied extensively across a number of interactive situations and contexts, especially by researchers interested in understanding language acquisition. IDS also has affective properties and contributes to regulate caregiver-infant interaction (Cohen et al., 2013). Thus, IDS is part of an interactive loop that may play an important role in infants' cognitive and social development (Saint-Georges et al., 2013).

Objective: Despite many positive arguments (Falk, 2009), the evolutionary significance of motherese and its universality has been challenged by some authors. A way to contribute to this open debate is to perform cross-cultural studies using automatic social signal processing (SSP). SSP uses computational and multidisciplinary approaches to investigate social interaction (Meltzoff et al., 2009).

Methodology: Our speech corpus consists of audio-recorded vocalizations from parents during natural interactions with their infant aged 4-18 months. It formed 6 databases including five languages: English, French, Hebrew (two databases: mothers/fathers), Italian, Brazilian Portuguese.

Our motherese-classifier, based on machine learning methods, uses acoustic characteristics of speech and SVM classifiers. It can distinguish emotional sequences of motherese from normal speech (Mahdhaoui et al, 2011). We studied the databases both in uni-language condition (motherese-classifier trained in one language and testing the same language) and cross-over condition (motherese-classifier trained in one language and testing another language).

Results: Unilanguage condition produced moderate to excellent classification results, all significantly different from chance (all $p < 1 \times 10^{-10}$), Cross-over condition produced mild to good classification results, all results being also significantly different from chance (all $p < 1 \times 10^{-10}$),

Conclusion: Automated classification of motherese was feasible for all languages and locutors (father vs. mother). In cross-over conditions, our study supports the hypothesis of universality of motherese across languages.

Oxytocin shapes parental motion during father-infant interaction.

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Introduction: An infant-oriented parental repertoire contributes to an infant's development and well-being. The role of oxytocin (OT) in promoting affiliative bonds and parenting has been established in numerous animal and human studies. Recently, acute administration of OT to a parent was found to enhance the carer's, but at the same time also the infant's, physiological and behavioural readiness for dyadic social engagement. Yet, the exact cues that are involved in this affiliative transmission process remain unclear. The existing literature suggests that motion and vocalization are key social signals for the offspring that facilitates social participation, and that distance and motion perception are modulated by OT in humans.

Aims of the study: Here, we employed a computational method on video vignettes of human parent-infant interaction including 32 fathers that were administered OT or a placebo in a crossover experimental design.

Results indicate that OT modulates parental proximity to the infant, as well as the father's head speed and head acceleration but not the father's vocalization during dyadic interaction. Similarly, the infant's OT reactivity is positively correlated with father's head acceleration.

Conclusion: The current findings are the first to report a relationship between the OT system and parental motion characteristics, further suggesting that the cross-generation transmission of parenting in humans might be underlain by nuanced, infant-oriented, gestures relating to the carer's proximity, speed and acceleration within the dyadic context.

Mother-infant vocal synchrony in at risk dyads for autism

Ouss, L.¹, Leitgel Gille, M.¹, Viode, C.², Saint Georges, C.³, Golse, B.¹, Cohen, D.³

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Mother infant synchrony refers to the spontaneous way mothers and infants interact in a temporal coordination, and is considered as a social signal *per se*. Better mother-child synchrony is associated with familiarity (vs. unknown partner), a healthy mother (vs. pathological), typical development (vs. psychopathological), and a more positive child outcome. The use of integrative approaches combining clinical observation and engineering techniques may improve the quality of synchrony analysis.

Objectives: Our aim was to apply synchrony analysis of early infant mother vocalization among at-risk dyads for Autism Spectrum Disorder (ASD).. We hypothesized that some forms of dys-synchrony during early interaction may predict later diagnosis of ASD.

Methods: We prospectively follow-up 32 babies with West syndrome (WS), an early epilepsy with 25 to 30% of ASD in the evolution, and 19 controls. They were recorded during a 3 min standardized mother-infant interaction at 9 months. Outcome (ASD and development) of babies with WS was assessed at 3 years (clinical examination, ADI, CARS, Brunet Lezine, WPPSI). We applied speech turn taking (vocalization, pause, silences, overlap, ratio of partners response...) and affective prosody (motherese) automatic analysis to the audio band from the videos of infant-mother interactions. We coded the videos with the Coding Interactive Behavior (CIB, Feldman, 1998).

Results: At 3 years, 12 infants out of 32 are finally diagnosed with ASD. First results show that the mothers of infants that will develop autism don't differ from other mothers in the amount of vocalization or motherese. However, we still need to look for infants specificities in child's vocalization and/or responses and how speech turn taking features are linked with CIB scores, and whether they predict or not later ASD outcome of WS.

Conclusion: Early vocal synchrony in mother-infant interactions seems to be a good candidate to discriminate later outcome of at risk babies.

Interaction and behaviour imaging: a novel method to measure mother-infant interaction using video 3D reconstruction in high risk dyads

Viaux-Savelon, S.^{1, 2}, Leclerc, C.^{3, 2}, Avril, M.², Bodeau, N.¹, Achard, C.², Missonnier, S.³, Keren, M.⁴, Feldman, R.⁵, Chetouani, M.², Cohen, D.^{1, 2}

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Introduction: Studying early interaction is essential for understanding development and psychopathology. Automatic computational methods offer the possibility to analyse social signals through behaviours of several partners simultaneously and dynamically.

Aims of the study: The aim of the current study was to show the validity of the aforementioned automatic method by comparing our methods with the well-validate Coding Interactive Behavior (CIB) in neglected dyads.

Methods: Here, twenty dyads of mothers and their 13-36 months old infants were videotaped during mother-infant interaction including 10 extremely high risk and 10 low risk dyads using both 2D and 3D sensors. From 2D+3D data and 3D space reconstruction, we extracted individual parameters (Quantity of movement and Motion activity ratio for each partner) and dyadic parameters related to the dynamics of partners heads distance (Contribution to heads distance), to the focus of mutual engagement (% of time spent face to face, or oriented to the task), and to the dynamics of motion activity (Synchrony ratio, Overlap ratio, Pause ratio). Features are compared with blind global rating of the interaction by expert coders using the Coding Interactive Behavior (CIB).

Results: We found that individual and dyadic parameters of 2D+3D motion features perfectly correlates with rated CIB maternal composite scores (maternal sensitivity, mother limit setting and mother intrusiveness) and CIB dyadic composite scores (dyadic reciprocity/synchrony and dyadic negative status).

Conclusion: The proposed method may present a promising, low-cost methodology that can uniquely employ artificial technology to detect meaningful features of human interactions and may have several implications for studying dyadic behaviours in psychiatry. Combining both clinical rating scales and computerized methods may enable a continuum of time-scale from a summary of entire interactions to second-by-second dynamics.

13:15 – 14:00 Video Presentation

Infancy's Infancy

Hoffmann, J.M.^{1, 2}

¹ CIAD, Center for Studies on Infancy, SAPI, Argentine Affiliate, Honorary President, Buenos Aires, Argentina; ² Post-graduate Studies, Universidad Nacional de Cuyo, Mendoza, Argentina

Infancy became a field by itself. Maybe today we don't think about how this happened. Most members who join WAIMH had already a well-organized society, a pretty much-defined field, and do not ask much about the past. I myself got interested and shared it with a few colleagues. So at the Chicago Meeting in 1992 we formed a committee, **INFANCY'S INFANCY**. Our aim was to find out when and whom began what and how it started to take a form that made it this particular field of scientific concern. The interviews were run on occasion of WAIPAD/WAIHM Meetings or on location at Universities. During the last 25 years I could video-record about 15 of our most prominent members. Now most of them have passed away and these testimonies became part of their legacy. Let us share it. Together with entrusting these documents to WAIMH, we could enjoy footage put together from this valuable material. Excerpts of Eleanor Galenson, Lou Sander, Dan Stern among others will be shown. We started interviewing those members that, because of their age and their accomplishments, had witnessed the very beginning. At first it was something medical, linked with psychiatry. Then, there were the allied disciplines. So WAIPAD came into life, but did not last too long. Soon, concerns for health dominated our interests and we turned into WAIMH, putting health at the dominant position. Collected and edited, by Miguel Hoffmann MD (Buenos Aires, Argentina). Much help was provided by Antoine Guedeney (Paris) and Jeremy Nahum (Boston, US).

14:00 – 14:45 Video Presentation

Maternal narratives 7 years after a premature birth: long term effects of an early intervention based on parental sensitivity during NICU stay

Borghini, A., Muller-Nix, C.

Department of Psychiatry, University Hospital of Lausanne, SUPEA, Lausanne, Switzerland

This video is dedicated to the exploration of parental trauma after a premature birth and its evolution across years. The videos are part of a longitudinal study with 50 mothers of infants born very premature (< 33 weeks GA) and 25 controls. Half of the mothers with a preterm born baby participated to an early intervention based on videofeedback method and focused on maternal sensitivity and infant sensorimotor development. The mothers have been interviewed (with the PDI, Parental Development Interview) during the first months after the premature birth and 7 years after the birth. This video explores how the traumatic aspects of the parental experience will change across time and which components of the early intervention will have long term effects on the maternal representation.

14:00 – 14:45 Workshop

How an innovative interdisciplinary training method ensures the maternal and the infant well-being since pregnancy?

Panagiotou, D.^{1,2}, Molenat, F.², Belhomme, J.³, Roegiers, L.³, Epiney, M.⁴, Morard-Dubey, A.⁵, Nanzer, N.⁶, Vernier, D.⁷

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Introduction: The rapprochement of the reproductive and infant disciplines has led to new practices and policy changes. Increasing evidence about early brain, emotional and psychomotor development of the infant has highlighted the particular importance of early antenatal intervention. In France, a new paradigm of perinatal care emerged: the personalized interdisciplinary network (PIN). The PIN's objectives are to promote the maternal and infant health starting from pregnancy by providing a coherent and continuous environment and integrating all health components into the obstetric-paediatric care.

Aims of the project: In order to provide a training framework for PIN, a scientific, pedagogic method of cases' review was developed. The purposes are to ensure the sustainability of this model and empower the effective interdisciplinary team functioning and interpersonal skills. Moreover, a guide was created and circulated to other countries, such as Canada, Belgium, Switzerland, Brazil and Chile.

Description of the project: The cases' review method (CRM) is based on the multidisciplinary, prospective presentation and analysis of complex cases. Pauses at key moments allow the multidisciplinary public to suggest working hypotheses, tools and interventions. The case's progress permits to validate their suitability. Contrary to clinical supervisions, the CRM aims at improving the general understanding of the case by confronting the perceptions of the professionals that intervene from different positions and at different times. Furthermore, the CRM

experience led to the conceptualization of new tools for the PIN, such as the Early Prenatal Interview, the coordinator midwife, the antenatal paediatric visit, etc.

Conclusion: Besides a learning environment, the CRM brings together professionals of different fields and countries. It fosters the inter-professional exchanges, the dissemination of good practices, the evaluation of the existing tools and the innovation of new ones. This dynamic process ensures the continuity through all perinatal stages which is the milestone of the perinatal health.

LECTURES:

The creation and the impact of a new, innovative paradigm of perinatal care in France and other Francophone countries

Panagiotou, D.¹, Kojayan, R.², Molenat, F.³

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Association for the Training and the Research on the Infant and its Environment, AFREE, Montpellier, France

How can the personalized interdisciplinary network be innovative and rigorous and its impact on the practices in Belgium

- Belhomme, J.¹, Roegiers, L.²

¹ *Obstetrics and Gynecology, University Clinics Saint Luc, Catholic University of Louvain, Brussels, Belgium;* ² *University Clinics Saint Luc, Catholic University of Louvain, Brussels, Belgium*

Using coordinated perinatal intervention together with an early prenatal interview to prevent disturbance of early mother-infant relationships

Morard-Dubey, A.¹, Nanzer, N.²

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15:15 - 16:45 Interface Symposium

Infant mental health in the face of natural disasters

Moderator: Watanabe, H.
Japan

Infants and children in the aftermath of the Great East Japan Earthquake, Tsunami and Radiation Accident: vulnerability and resilience

Watanabe, H.
Japan

The Great East Japan Earthquake of 11 March 2011 devastated the coastal regions of Iwate, Miyagi and Fukushima Prefectures, yielding massive trauma and loss of unprecedented scale. In Iwate and Miyagi, the natural disasters of earthquake and tsunami united people in grief and toil, and the recovery process is slow with deteriorating socio-economical states. Through continuing commitment to the survivors of the tsunami-affected city of Miyako, Iwate, the author will depict

how infants surviving tsunami and ensuing family struggle for survival hampers psychosocial development in infants. In Fukushima, the earthquake and tsunami compounded by nuclear plant disasters have yielded diverse fragmentation and new complex conflicts within and outside the communities which keep emerging five years later. The author with her multidisciplinary post-disaster childcare project with community professionals in Koriyama, Fukushima succeeded in preventing PTSD in infants and children. Yet massive complex adverse effects of ambiguous loss and fear of radiation keep hampering the lives of children having to live in a low-rate radiation contamination region. The vulnerabilities and resiliency of infants and families afflicted by the disasters will be discussed.

Ebola in Liberia: Where were Young Children and Implications for the Future

Janice Cooper

Liberia

The 2014-2015 Ebola epidemic in Liberia impacted young children and their families in many different ways. The Carter Center's Mental Health Program had been working in Liberia since 2010 and developed a core cadre of mental health workers who would contribute to the response. The challenges and opportunities posed by the outbreak for protecting, nurturing and supporting young children are explored, some lessons learned are outlined, and key factors for 'building back better' are proposed.

Lessons Being Learned from Hurricane Katrina and the Mississippi River Levee System Breaches

Wajda-Johnston, V.A.

USA

In 2005, Hurricane Katrina devastated several areas along the United States' Gulf Coast. While Louisiana did not experience the full brunt of the storm, there was significant flooding in several parishes, including St. Bernard, Plaquemines, Jefferson and Orleans Parishes. At the time, Tulane University Department of Child Psychiatry and Behavioral Sciences provided assessment and intervention services to children in foster care under the age of 5 years in Jefferson Parish, as well as staffing general child and adolescent clinics in several parishes. This presentation will examine administrative difficulties (locating and tracking clients), provider experiences (including providing treatment in a depleted system) and client experiences (locating their previous providers or new providers, locating family members). This presentation will also present some changes that have been put in place in case of another catastrophic weather event.

15:15 – 16:45 Symposium

**Don't hit my mommy, shark music, swamp nurse, and keeping the baby in mind:
Integration, complexity and challenges in parent-child intervention**

Moderator: Slade, A.

Yale Child Study Center, Yale University, New Haven, CT, United States

Child-parent psychotherapy: Repairing the effect of stress and trauma on early attachment

Lieberman, A., Ghosh-Ippen, C., Dimmler, M. H.

Child Trauma Research Program, University of California San Francisco, San Francisco, CA, United States

Child-Parent Psychotherapy (CPP) is a multitheoretical, manualized, evidence-based treatment developed with primary focus on the impact that exposure to trauma and multiple adversities has on the child, the parent, and the parent-child relationship (Lieberman & Van Horn, 2005, 2008). CPP aims to foster secure attachment and help the parent(s) become safe and responsive caregivers. CPP uses play and moment-to-moment parent-child interactions to help the parent and child understand the meaning of their own and each other's behavior, identify and transform trauma triggers, change mutual negative attributions, and promote physical and emotional safety and reciprocity. CPP efficacy has supported by five randomized trials of 500 child-mother dyads at the University of California San Francisco and the University of Rochester. Across different studies using different measures, children receiving CPP showed improvement relative to the control group at outcome and follow up in measures of IQ, quality of attachment, self representation, behavior problems, PTSD; and physiological arousal; mothers showed improvement in trauma and mental health measures at outcome and follow up. The panel presentation will highlight the unique focus of CPP on children exposed to interpersonal trauma (child abuse, domestic, and/or community violence), the importance of identifying and addressing traumatic experiences in the parent and the child as major unspoken contributors to disturbances in the child's mental health and the parent-child relationship; and in the mutative role of helping the child and the parent address together in treatment the emotional dilemma of "knowing what we are not supposed to know and feeling what we are not supposed to feel" when traumatic events remain unaddressed. This presentation will consider the populations best served by this approach, the particular challenges and complexities of working with very vulnerable families, and the role CPP can play in a comprehensive early intervention model.

The circle of security approach to intervention

Cooper, G., Hoffman, K., Powell, B.

Circle of Security International, Circle of Security International, Spokane, WA, United States

Over the last two decades, Circle of Security (COS) has developed clinical applications of attachment theory (Powell, Cooper, Hoffman, & Marvin, 2013). Family systems, object relations, and attachment theories have served as the basis for interventions ranging from intensive clinical models to scalable parent reflection and prevention approaches. The goals of COS interventions are to improve the quality of attachment for young children and increase parental reflective functioning, affect regulation, sense of efficacy, and increase parents' supportive responding while decreasing non-supportive responding to child emotions. To make the protocol accessible to this wide range of people, we have created specialized language and graphics to present complex concepts to parents. Parents are able to internalize, generalize, and then apply concepts such as reflective functioning, defense analysis, affect regulation and utilization, being a self-regulating

other, and the use of empathy in relationship. Not only has COS been shown to meet the needs of culturally diverse populations, it is used with families ranging from well-resourced, highly educated parents to impoverished, undereducated parents. Preliminary results from several studies suggest that COS protocols decrease disorganized and insecure attachment, increase secure attachment, parental reflective functioning, affect regulation, parenting self-esteem and sense of efficacy, increase parents' supportive and decrease non-supportive responses to child emotions. This presentation will consider how the COS approach guides interveners in their relationship with parents so that parents can use COS principles to guide themselves in their relationship with their children. The question, "Why COS" will be addressed to clarify what populations are best served by this approach and what role COS can play in a comprehensive early intervention model. We will also consider the impact of significant maternal psychopathology on attachment based intervention and some of the ways this affects implementation and outcomes in complex and vulnerable families.

Louisiana's infant mental health specialist augmentation of Nurse Family Partnership

Zeanah, P.^{1,2}, Knight, J.³, Mukherjee, S.³, Mason, K.³, Venturana, J.³, Suire, C.⁴

¹ *Picard Center for Child Development and Lifelong Learning, University of Louisiana at Lafayette, Lafayette, LA, United States;* ² *LA Bureau of Family Health, MIECHV Program, New Orleans, LA, United States;* ³ *Louisiana Public Health Institute, Louisiana Public Health Institute, New Orleans, LA, United States;* ⁴ *Louisiana Department of Health and Hospitals, Office of Public Health, Bureau of Family Health, New Orleans, LA, United States*

Louisiana's Infant Mental Health Specialist (IMHS) program was developed to augment services provided by the Nurse Family Partnership (NFP). NFP, an acclaimed, evidence-based maternal child health program, pairs nurses with first time, low-income mothers during pregnancy who provide home-based services until the infant turns two years old. The overarching goals of NFP are to improve pregnancy outcomes, child health and development, and maternal economic self-sufficiency. Recognizing that mental health needs were common, nurses were not prepared to address such issues (Zeanah et al, 2006), and that perinatal and infant mental health services were few to non-existent in most parts of the state (Knight et al., 2013), we developed an IMH augmentation to identify and address symptoms which accompany a variety of mental health issues and impact parenting, the parent-infant relationship, and/or involvement in the NFP program. Our two-pronged approach included 1) supplementary education for nurses on infant mental health focusing on attachment and parent-infant relationships, and on identification and early intervention for common mental health issues; and 2) IMH specialists assigned to teams to provide consultation to nurses in their work mothers and their infants with impairing mental health needs, and also provision of direct, home-based services to identified clients. IMH specialists currently are available to half (8/16) of the NFP teams. We will present selected results of a longitudinal evaluation of the impact of the infant mental health augmentation on nurse and client perceptions as well as maternal and infant outcomes. We will address the following questions, 1) When is the nurse sufficient, when is more needed? 2) How do the nurse and IMHS interface in the provision of care with complex clients? 3) What are the obstacles that remain in working with the most challenged families, and 4) What is necessary, sufficient, and effective when resources are limited?

Minding the Baby: An interdisciplinary, reflective home visiting program vulnerable young families

Slade, A.¹, Sadler, L.S.^{2,1}, Close, N.¹, Webb, D.¹, Simpson, T.¹

¹ *Yale Child Study Center, Yale University, New Haven, CT, United States;* ² *Yale School of Nursing, Yale University, New Haven, CT, United States*

Minding the Baby (MTB) is a manualized, evidence- based, interdisciplinary home visiting program that aims to improve attachment, relationship, health, and parenting outcomes in young first-time parents and their infants, beginning in the third trimester of pregnancy and continuing to the infant's second birthday. The program is delivered by a team that includes an advanced practice nurse and a social worker -- brings together the nurse home visiting model and infant-parent psychotherapy models. The program is unique in its joint health and mental health focus, in its targeted efforts to enhance parents' reflective capacities. An RCT conducted in two sites in the United States is nearing completion, with 237 families seen in control and intervention conditions since 2002. Results in our vulnerable sample include lower rates of both child protection referrals and rapid subsequent childbearing, on-time infant immunizations, less disrupted interactions at 4 months, particular with teen mothers, higher rates of secure attachment and lower rates of disorganized attachment. RF increased significantly in high risk intervention mothers relative to controls (Sadler et al., 2013). At longitudinal follow-up MTB mothers were less likely to report externalizing disorders in their children than controls (Ordway et al., 2014). MTB is being replicated in Connecticut, Miami, and the United Kingdom. We will consider the following questions: 1) Where do we stand: What are the unique contributions and particular benefits of a fully interdisciplinary, reflective home visiting model? 2) What works for whom: What families are best helped by this kind of intervention? 3) Where do we go from here: What more can be done to mitigate the compelling effects of trauma on maternal, child, and family functioning and particularly reflection? 4) When is "More is More" still not enough and when and where are we failing?

15:15 – 16:45 Symposium

Maternal stress during pregnancy: Implications for infant behavioral and cognitive outcomes, and avenues of intervention

Moderator: Fearon, R.M.P.

Department of Clinical, Educational and Health Psychologist, University College London, London, United Kingdom

A meta-analysis of the association between prenatal stress and child behavioral outcomes

Madigan, S.¹, Oatley, H.², Hughes, S.K.³, Tarabulsy, G⁴, Fearon, P.⁵

¹ *Department of Psychology, University of Calgary, Calgary, Canada;* ² *Faculty of Medicine, University of Ottawa, Ottawa, Canada;* ³ *Department of Pediatrics, Hospital for Sick Children, Toronto, Canada;* ⁴ *School of Psychology, Laval University, Quebec City, Canada;* ⁵ *Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom*

Objectives: Although a purported consequence of prenatal stress is child behavioural difficulties, the strength of this association has been inconsistent across studies and may vary as a function of factors such as the types of measures under investigation, the child's gender, the timing of maternal stress, and the quality of postnatal care. The purpose of this meta-analysis is to examine the extent to which prenatal forms of stress increase the risk of children experiencing behavioural difficulties.

Method: A search of studies through MEDLINE, EMBASE, PsycINFO, and Web of Science was conducted. Our electronic search of four databases yielded 3301 non-duplicate articles. Upon

review of the titles and abstracts, 45 articles were identified as potentially meeting inclusion criteria and full articles were retrieved. Studies were retained if they included: (1) a measure of maternal stress during pregnancy, such as anxiety or depression; (2) an outcome of child behaviour (e.g., temperament, behavioural problems) prior to the age of 18; (3) a statistic that could be transformed into an effect size; (4) the study was available in French or English.

Results: Preliminary analyses indicate a small to moderate association between prenatal stress and (1) child temperament; (2) child internalizing behaviour; and (3) child externalizing behaviour. Full results of the factors that amplify and/or attenuate association between prenatal stress and children's behavioural outcomes, including (but not limited to) measurement type, child gender, timing of maternal stress, and postnatal care, will be available for presentation at the international conference.

Conclusions: The results of this meta-analysis will elucidate associations between prenatal stress and child behavioural outcomes, and will also shed light on important considerations for interventions with mothers with prenatal stress.

Maternal prenatal stress and infant stress regulation at birth

Nazzari, S.¹, Ciceri, F², Dottori, N.², Molteni, M.², Fearon, R.M.P.¹, Frigerio, A.²

¹ Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom; ² Child Psychopathology Unit, Scientific Institute E. Medea, Bosisio Parini, Italy

Introduction: Accumulating evidence indicates that maternal psychological distress during pregnancy increases risk for adverse infant outcomes. Distress-linked alterations in the functioning of maternal HPA axis is hypothesized to affect the development of the infant's stress response system. However, few human studies have evaluated the joint role of maternal prenatal cortisol and psychosocial stress on infant's stress regulation, despite the fact that combining subjective and objective stress assessments is thought to better capture prenatal stress experience.

Aims: The study aimed to explore the effects of maternal antenatal stress (i.e., anxiety/depressive symptoms) and cortisol on infant stress response.

Material and Methods: Within an on-going longitudinal study, 51 pregnant women completed the Edinburgh Postnatal Depression Scale and the State-Trait Anxiety Inventory and provided six saliva samples on two consecutive days between 34-36 gestational weeks. Newborns' cortisol and behavioural responses to heel-stick were evaluated after birth. The association between maternal measures and infant outcome was examined using hierarchical linear modelling.

Results: As expected, new-borns showed an increase in behavioural distress during the heel-stick and a behavioural recovery soon after, consistent with it being a stressor. There were no significant correlations between maternal cortisol and psychological measures and no significant main effects of maternal variables on infants' behavioural response. However, there was a significant cross-level interaction between maternal cortisol and anxiety symptoms, respectively, and the linear slope of infant stress response, with higher levels of cortisol or anxiety associated with a flatter pattern of behavioural response to stress over time. Additional data on infant's cortisol reactivity will be presented.

Conclusions: Preliminary findings suggest that psychological and endocrine indices of maternal stress during pregnancy are associated with indices of new-borns' stress response. Despite having similar effects on infants' stress regulation, maternal cortisol and anxiety were uncorrelated and exerted independent influences on infant's behavioural response over time.

Spatial working memory and attention skills are predicted by maternal stress during pregnancy

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² *Fraser Mustard Institute for Human Development, University of Toronto, Toronto, Canada;*

³ *Department of Psychology, Ryerson University, Toronto, Canada;* ⁴ *Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Canada;* ⁵ *Department of Psychiatry and Neurology, McGill University, Montreal, Canada;* ⁶ *Department of Psychology, University of Toronto at Mississauga, Mississauga, Canada*

Introduction: Experimental evidence in rodents shows that maternal stress during pregnancy negatively impacts spatial learning and memory in the offspring. Studies also show a moderating role of child sex, anxiety during pregnancy and postnatal care.

Aims of the study: We aim to investigate whether similar findings are also observed in humans. To do so, we investigate the association between maternal stress during pregnancy (measured via life events) and spatial working memory, as well as attention skills (attention shifting and attention focusing).

Material and methods: Participants were 236 mother–child dyads that were followed from the second trimester of pregnancy until 4 years postpartum. Measurements included questionnaires and independent observations.

Results: Maternal stress during pregnancy was negatively associated with attention shifting at 18 months when concurrent maternal anxiety was low. Maternal stress during pregnancy was associated with poorer spatial working memory at 4 years of age, but only for boys who experienced poorer postnatal care.

Conclusion: Consistent with results observed in rodents, maternal stress during pregnancy was found to be associated with spatial working memory and attention skills. These results point to postnatal care and maternal anxiety during pregnancy as potential targets for interventions that aim to buffer children from the detrimental effects of maternal stress during pregnancy.

ACORN: A preventative intervention trial to reduce maternal anxiety during pregnancy

Ramchandani, P.¹, O'Mahen, H.², Fearon, R.M.P.³, Halligan, S.⁴, Dunkley Bent, J.⁵, Ericksen, J.⁶, Milgrom, J.⁶

¹ *Centre for Mental Health, Imperial College, London, United Kingdom;* ² *Department of Psychology, University of Exeter, Exeter, United Kingdom;* ³ *Department of Clinical, Educational and Health Psychology, University College, London, Canada;* ⁴ *Department of Psychology, University of Bath, Bath, United Kingdom;* ⁵ *Department of Midwifery, St Marys Hospital, London, United Kingdom;* ⁶ *Parent-Infant Research Institute, Austin Health, Victoria, Australia*

Introduction: Maternal antenatal anxiety is common and is associated with an increased risk of emotional and behavioural problems in children. There is a paucity of evidence of effective interventions to treat anxiety in pregnancy, yet it might prove a crucial opportunity for prevention of mental health problems in the infant offspring.

Aims of the study: To assess the feasibility of a trial of a brief group based psychological intervention to reduce anxiety in women during pregnancy.

Materials and methods: Using a randomised, parallel, two-arm controlled trial 60 women and their partners (where appropriate) are allocated to either treatment as usual (TAU) or to a 3 session group based intervention during pregnancy (ACORN 3 steps programme, which draws on learning from the effective Towards Parenthood Intervention). Sessions commence at approximately 18 weeks gestation and are at 3-weekly intervals and are delivered by a midwife

and a psychologist. They cover education about anxiety and specific techniques to reduce anxiety and increase communication and partner/social support. The primary outcome measure is the GAD7 questionnaire for anxiety, which is assessed immediately post-intervention, 8 weeks post-intervention and 3 months after the birth of the child. Recruitment is currently underway with 35 women randomised, and recruitment and treatment due to be completed by May 2016.

Results: Preliminary results from a pilot group suggested strong improvements in maternal scores for anxiety and depression, and high levels of acceptability of the intervention. Full results of the feasibility randomized controlled trial will be available for presentation at the international conference.

Conclusions: The results of the trial will provide evidence as to whether a brief, midwife-led intervention for maternal antenatal anxiety can deliver significant improvements to maternal and child health.

15:15 - 16:00 Workshop

Fathers and mothers in parent infant psychotherapy: supporting the development of parent-infant and couple relationships in the context of maternal mental illness

Rance, S.^{1,2}, Pozzi-Monzo, M.², Levine, C.¹

¹ *Enfield Parent Infant Partnership, Enfield Child & Adolescent Mental Health Service, London, United Kingdom;* ² *Child and Family, Tavistock and Portman NHS Trust, London, United Kingdom*

Introduction: The workshop explores fathers' involvement in Parent-Infant Psychotherapy when mental illness, often compounded by obstetric complication or traumatic events, impairs the development of the mother-infant relationship. These fathers may assume a more central role in infant care but potential for parental conflict increases. The contribution of cultural factors and migration are considered.

Clinical Examples: A severely depressed African mother was unable to assume the primary care of her newborn. The father's central involvement in their infant's care was vital but he unconsciously undermined mother's evolving relationship with the baby. Both parent's fears of exclusion emerged as they re-negotiated their relationships with their baby and each other. The baby of a Middle-Eastern couple in an arranged marriage was born prematurely and postnatal depression developed. Inequalities in their relationship due to differences in education, status and age were played out through their parenting of the baby. A couple who had successfully parented three children became anxiously over-protective when their fourth baby developed a life-threatening illness and struggled to promote her development. Both parents felt "weak" vis-a-vis the little girl's cries at weaning. The therapist performed a paternal and containing function, which facilitated weaning and more robust parental cooperation.

Conclusion: Fathers are typically expected to provide practical, economic and emotional support to mothers, who are assumed to be the primary carers, but fathers' own emotional needs and psychological difficulties are insufficiently attended to in routine professional care. Psychoanalytic Parent-Infant psychotherapy enables mothers and fathers to explore internal representations, feelings and behaviour towards the baby as well as each other ameliorating the impact of mental health difficulties on parenting and the couple relationship.

16:00 - 16:45 Workshop

Lullaby circles of connection: The cross-cultural thread in soothing and engaging parenting styles through nonverbal interaction using rhythm, song, and dance

Tortora, S.^{1, 2}

¹ *Integrative Medicine*, Memorial Sloan-Kettering Cancer Center, NYC, United States; ² *Founder, Director*, Dancing Dialogue LCAT LMHC PLLC, Cold Spring, United States

Introduction: With the advances in the neonatal intensive care units (NICU) in the last years, we have been witnessing a decrease in neonatal and infant mortality within very preterm children. Nonetheless, among these infants, rehospitalisation in the first years of life is more frequent than among moderate preterm infants and full-term infants (Blondel, Truffert, Lamarche-Vadel, Dehan, Larroque, Le Groupe Épipage, 2003; Cunningham, McMilan, & Gross, 1991), which means that in spite of neonatal care after birth, these infants have health frailties that increase the need for medical care in the first years of life.

Aims of the study: Analyse the incidence and factors associated with rehospitalisation among very preterm infants in the 1st year corrected age.

Material and Methods: All infants born before 32 weeks of gestational age in two Portuguese regions, between June 2011 and May 2012, and discharged from the NICU that are part of the *Effective Perinatal Intensive Care in Europe* (EPICE) cohort, were included in this study. At 12 months corrected age parents performed a structured questionnaire (n=456) about infant health.

Results: Immediately after childbirth the mean length of stay at the NICU is of 58.73 days. After discharged home, 31.4% of the infants were rehospitalised - once (22.6%) or more than once (8.8%) -, in a total amount of 222 occasions. Mean duration of rehospitalisation was 9.64 days. The most common cause of rehospitalisation was respiratory problems. After adjustment, associated factors for rehospitalisation in the first year of life among very premature infants were male sex, small for gestational age, exclusive formula feeding and severe morbidity.

Conclusion: Analysing the rates and causes of rehospitalisation among very preterm infants can provide insights on guidelines to promote and develop best practices for additional family mental health care support after initial discharge.

17:15 – 18:45 Symposium

Enhancing Reflective Functioning Among Parents and Childcare Providers in Israel

Moderator: Atzaba-Poria, N.

Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel

Discussant: Pally, R., New Center for Psychoanalysis, Los Angeles

New Center for Psychoanalysis, Los Angeles, CA, United States

Enhancing reflective parenting in parents of children with psychopathology

Shneor, S.¹, Atzaba-Poria, N.^{2, 1}, Menashe, A.², Meiri, G.^{1, 3}

¹ *Preschool Psychiatric Unit, Soroka Medical Center, Beer-Sheva, Israel*; ² *Department of Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel*; ³ *Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel*

Psychopathology in childhood is often related to parent-child relationship difficulties. It is uncertain whether children's symptoms are a reaction to or the reason for parenting behavior and relationship difficulties. However, despite the direction, in most cases of children's

psychopathology, parents feel stressed, helpless, and struggle with their children's behaviors. The parent-child relationship is at risk. Based on this understanding, we used the Reflective Parenting Program with a group of mothers of children (aged 3-5 years) who were referred to a community preschool clinic at Soroka Medical Center. Children were referred for various reasons, including feeding disorders, behavioral problems, enuresis, trichotillomania and PTSD. The program was aimed at helping mothers to better understand their children and to develop efficient coping skills in challenging daily normative situations (e.g., children's misbehavior, conflicts, separation, and anger). The groups focused on increasing confidence in parenting skills and strengthening parent-child relationships. Throughout the group meetings, intimacy and trust were created among the mothers. All mothers were active participants, showing high motivation to share and learn. Although there were large differences in maternal education levels and occupation status, the topics that were discussed were relevant for all mothers, focusing on the foundation of the parent-child relationship and children's behavior and development. Mothers were eager to share their experiences. Preliminary findings indicate that after the group meetings, mothers reported lower levels of stress and anger, better self-regulation, and more empathy and tolerance for their children's difficulties. Additionally, mothers showed less intrusiveness and more sensitivity in their interaction with their children. Reflective language was also more present in these families. Finally, children's symptoms were diminished, and in some cases, individual therapy focusing on a child's specific symptoms was provided. It is believed that individual therapy following group intervention will increase the treatment efficacy and shorten its length.

Enhancing reflective functioning among parents raising children in the Gaza vicinity

T'son Ben-Ari, N., Grodzin-Ceasary, S.

Sha'ar Hanegev Psychological Services, Sh'ar Hanegev Center, Sha'ar Hanegev, Israel

Over the past decade, the population of southern Israel has been suffering from ongoing missiles attacks from Gaza, causing thousands of families to run to protective shelters day-after-day. Many people in this area live on a kibbutz, a community where residents live and work together noncompetitively. In recent years, two major changes have occurred: First, most kibbutzim in Israel have started the process of privatization; the community is getting bigger, becoming less homogeneous and unified, and individualism is intensified. Second, amidst rising tension with Gaza last summer, fear and anxiety increased when many underground tunnels leading from Gaza into Israel were found in and around people's homes. As a result, many children in this area now suffer from fears, sleep problems, and problem behaviors; parents are seeking guidance on how to support their children and help them cope with the unstable situation. We introduced parents on a kibbutz within the Gaza vicinity to the reflective parenting program (RPP). The RPP focuses on enhancing parental capacity for understanding child behaviors, thus it can increase a sense of togetherness, connection, and security between parents and children. Nine mothers and one father – all living in the same kibbutz – participated in the program. Parents' ages ranged from 30-44 years. Most parents had 2-4 children; two mothers had twins. Following the group intervention, parents reported being able to better understand their children and react in a more attuned way. Reflective language and thinking were increased through the methods presented at the meetings. Interestingly, in spite of the specific difficulties raised in this group related to the insecure situation (e.g., parental guilt feeling), most of the meetings focused on normative, developmental questions, stressing the universality of parenting.

Enhancing reflective functioning among childcare providers

Atzaba-Poria, N.^{1,2}, Dotan, O.², Mosco, N.¹

¹ *Department of Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel;* ² *Preschool Psychiatric Unit, Soroka Medical Center, Beer-Sheva, Israel*

The daycare center is an environment where many children – from very early ages – spend most of their day. Childcare providers are attachment figures, influencing children's development and sense of security. Because every childcare provider takes care of numerous children, every day for many hours, enhancing and developing reflective functioning among childcare providers is of major importance. There has been insubstantial investigation of reflective functioning in the context of daycare; however, the few studies available indicate that childcare reflective functioning is related to higher levels of sensitivity and better stimulation from childcare providers. In the current presentation, we will present a version of the Reflective Parenting Program – modified for childcare providers – that was developed at Ben-Gurion University of the Negev. Two groups of childcare providers will be described, and a special focus will be given to the characteristics of the childcare providers, their work environment, and the nature of this setting. Our experience with the first group indicates that the reflective functioning program can be adapted to childcare providers but needs to be modified in some aspects: First, more group meetings are required to address issues such as enhancing reflective functioning with parents and with other childcare providers. Second, special care needs to be taken to create a sense of security and trust within the group. Third, the relationship among the childcare providers needs to be considered by the group leaders. Finally, a few questions need to be answered, for example: "Is it possible to create a safe zone for group intervention in the childcare center context? Is it possible to be reflective with multiple children? Can reflective functioning programs be effective when working with children other than one's own?" Our experience using the reflective functioning program with childcare providers will be described and discussed.

17:15 – 18:45 Invited Symposium

Invited Symposium: Outcomes at Age 12 years Following Early Deprivation: The Bucharest Early Intervention Project

Presenter: Zeanah, C. H.
Tulane University, USA

Discussants: van IJzendoorn, M.¹, Lyons Ruth, K.², Boris, N.³
¹ *the Netherlands;* ² *Boston, USA;* ³ *Nemours Children's Hospital, Orlando, Florida, USA*

The corrosive effects of institutional rearing on young children's development have been increasingly well documented in the past two decades. Using findings from the Bucharest Early Intervention Project, the only randomized controlled care of foster care as an alternative to institutional care for young children, Prof Zeanah will illustrate the follow-up effects on executive functioning, stress response systems, reward processing and psychopathology more than 8 years after the conclusion of the randomized controlled trial. The presentation will give attention to early and subsequent experiences that are implicated in outcomes. Invited Discussants will comment upon the findings of the implications of this longitudinal study or research, practice and policy in respect of infant mental health.

17:15 – 18:45 Symposium

Pathways from early adversity to developmental risk: Early identification, relational, social, and neurobiological factors

Moderator: Manly, J. T.

Department of Clinical and Social Sciences in Psychology, University Rochester, Rochester, United States

Infant predictors of mental health problems in preschool to school age - a service-setting based study of early developmental psychopathology, the Copenhagen Child Cohort CCC2000

Skovgaard, A. M., Olsen, E. M., Elberling, H., Rask, C. U.

Institute of Public Health, University of Copenhagen, Copenhagen, Denmark

Introduction: Effective prevention depends on the valid identification of children at risk and methods of intervention, which are feasible in general population settings.

Aims: The Copenhagen Child Cohort CCC2000 is a general population birth cohort aimed to study mental health prospectively from infancy; and contribute to the knowledge necessary to develop population-based screening and intervention.

Methods: The CCC2000 comprises 6090 children born in 2000. Data on pregnancy, birth, perinatal period, physical and mental illness, ethnicity, psychiatric illness and socio-demographic and economic conditions were obtained from Danish population registers. Infant mental health and mother-infant relations were assessed of community health nurses at child age 1-3 weeks, 2- 3 months, 4-6 months and 8-10 months. This study concerns the follow-up in preschool-to school age (5-7 years) of 3501 children, of which 1585 were diagnostically assessed with the Development and Well-Being Assessment, DAWBA and ICD-10 and DSM-IV diagnoses, and regarding functional somatic symptoms (FSS) and eating behavior problems.

Results: Among infant problems measured within the first 10 months of life, developmental problems predict autism spectrum disorders (ASD); OR 4.2; 1.4-13.3; problems of activity and focused interests predict disorders of attention and hyperactivity (ADHD), OR 4.7; 1.3-17.4; regulatory problems of sleep, eating and tactile reactivity predict FSS, OR 3.3; 1.4-7.6, whereas feeding problems predict picky eating, OR 2.0; 1.2-3.4, and emotional under-eating, OR 1.5; 1.1-2.1). Relationship problems were associated with overall mental disorders, but only with ADHD when maternal mental problems were included in the logistic regressions (OR 2.0; 1.1-4.5).

Conclusion: The results point to specific targets of intervention in infancy. The study was embedded in the general child health surveillance delivered by community health nurses; and the study findings have been included in a new measure, the Copenhagen Infant Mental Health Screening, CIMHS, which is currently tested within existing service settings.

Copenhagen Infant Mental Health Project (CIMHP): Effects of infant mental health screening and indicated prevention approaches – evidence from a randomized control study

Væver, M. S., Smith-Nielsen, J. , von Wowern, R., Wendelboe, K.

UCPH Babylab, Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Introduction: Infant mental health is a significant public health issue as early adversity and childhood stress has life-long consequences for the affected children. One in five Danish families is at risk of inadequate parenting resources and child neglect. There is a lack of knowledge on best practice in screening for and preventing adverse infant mental health risks.

Aims: The overall aim of CIMHP is to test the feasibility of an infant mental health screening and indicated prevention system and its capacity to (1) detect children at risk of longer term mental health adversities and (2) alter these risks in a cost effective way in a general population.

Methods: In a period of 20 months 8.800 mothers and infants in Copenhagen are screened (at 2, 4 and 8 months) using two standardized screening instruments: 1) Alarm Distress Baby Scale (ADBB) in detecting infant social withdrawal and 2) Edinburg Postnatal Depression Scale (EPDS) in detecting maternal postpartum depression. A sample of 326 eligible parent(s) enters into a randomized controlled trial to test the efficacy of an attachment based intervention program, Circle of Security-Parenting (COS-P), compared to Care as usual (CAU) in preventing mental health adversities and enhancing parental sensitivity and attachment security. Outcomes are measured at follow-up and include parental sensitivity and reflective functioning, child attachment, child social emotional and cognitive development.

Results: Preliminary results from the study will be presented focusing mainly on the results from screening part of the study.

Conclusion: On the basis of our results we will discuss the importance of screening programs for early infant mental risks and indicated prevention programs aiming at enhancing parental sensitivity and child attachment. If proved effective these will represent a notable advance to initiating this system as a better infant mental health strategy in Denmark.

Trajectories of internalizing symptoms from early childhood to school age and its association with early risk factors

Klein, A. M., Michel, A., Otto, Y., Andreas, A., von Klitzing, K.

Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics, University of Leipzig, Leipzig, Germany

Introduction: Internalizing symptoms and disorders are prevalent throughout the life span. As internalizing symptoms show moderate stability and predict more severe mental health problems later, it is important to understand the development of internalizing symptoms from early childhood to school age.

Aims: The first aim of the current study was to examine trajectories of internalizing symptoms from early childhood to school age. Second, we aimed to examine factors associated with distinct trajectory groups such as maternal depression or family adversity. Based on previous findings we expected that maternal depression would predict membership in a high stable symptom trajectory.

Methods: The sample consisted of 325 children (158 girls, 48.6%) drawn from the general population and oversampled for internalizing symptoms. Mothers completed the emotional symptoms scale of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) at up to four assessment points from early childhood (age 3 years) until school age. Moreover, parents repeatedly gave information on their own mental health, family adversity and child characteristics.

Results: Based on the mothers' ratings, we estimated growth mixture models of internalizing symptoms and found four distinct trajectory groups: 1) a group with 'stable low' symptoms (28.6%), 2) a group with initially low symptoms that increased as children grew older ('low rising', 14.5%), 3) a group with 'moderate stable' symptoms (44.3%), and 4) a group with 'stable high' symptoms (12.6%). Membership in the group with 'stable high' internalizing symptoms was associated with higher maternal depression and higher family adversity at preschool age, as well as higher anxiety and depressive symptoms of the child at school age.

Conclusions: Our findings support the need for early detection of children at risk for stable elevated internalizing symptoms and early intervention.

Social and neurobiological factors in the pathway from early childhood maltreatment to behavioral symptoms in children and adolescents

White, L.O.¹, Michel, A.¹, Stalder, T.², Keil, J.¹, Andreas, A.¹, Resch, L.¹, Klein, A. M.¹, von Klitzing, K.¹, Sierau, S.¹

¹ *Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics, University of Leipzig, Leipzig, Germany;* ² *Department of Psychology, Technische Universität Dresden, Dresden, Germany*

Introduction: Many studies identify individual factors that potentiate or buffer against the aversive effects of early adversity. However, we know little about the underlying psychosocial and neurobiological mechanisms that modulate risk following adversity.

Aims: Our first aim was to compare mental health outcomes of groups of children and adolescents who experienced maltreatment between infancy and preschool to a matched group of similar size who experienced maltreatment in middle childhood, and nonmaltreated controls. Second, we aim to investigate the potential mediating and moderating effects of child stress hormone levels and social supports in explaining mental health outcomes after early maltreatment.

Methods: In total, we will draw on a sample of over 600 4- to 16-year-olds, recruited from child protection services (CPS), our child-psychiatric unit and the general population. Approximately 30% of these children have experienced early maltreatment. Maltreatment characteristics (e.g., subtype, severity, developmental timing) were coded from parent interviews using the Maltreatment Classification System (Barnett, Manly & Cicchetti, 1993). Mental health outcomes were assessed via caregiver and child reports. Social support, as indexed by caregiver and child self-report, and stress hormone levels, as indexed by hair cortisol, will be considered as potential mediating or moderating factors to elucidate the association of early maltreatment on mental health.

Results: Preliminary analyses revealed expected moderate associations between child maltreatment and mental health outcomes. Moreover, child hair cortisol levels were associated with early childhood maltreatment as well as later externalizing and internalizing symptoms, particularly among postpubertal children. We plan to model the effects hair cortisol and social support on the association between early child maltreatment and mental health outcome.

Conclusions: The links between early child maltreatment, social support, stress hormone levels, and mental health outcomes have important implications for the targets, timing, and personalization of early interventions.

17:15 – 18:45 Symposium

Infant regulatory problems – predictors, outcome, and therapy

Moderator: Wolke, D.

Department of Psychology and Division of Mental Health and Wellbeing , University of Warwick, Coventry, United Kingdom

Specific relations of maternal anxiety and depressive disorders prior to, during and after pregnancy and infants' crying, feeding and sleeping problems

Petzoldt, J., Wittchen, H.U., Martini, J.,

Institut fuer Klinische Psychologie und Psychotherapie, Technische Universitaet Dresden, Dresden, Germany

Introduction: Maternal anxiety, depression and parity were reported to be associated with excessive infant crying, feeding and sleeping problems, but the specificity of manifest maternal depressive disorders, as compared to maternal anxiety disorders remains unclear.

Aims of the study: In this prospective longitudinal study, the specific associations of maternal anxiety and depressive disorders prior to, during and after pregnancy and infants' crying, feeding and sleeping problems were investigated under consideration of maternal parity.

Material and methods: In the Maternal Anxiety in Relation to Infant Development (MARI) Study, n=306 primiparous and multiparous women were repeatedly interviewed from early pregnancy until 16 months postpartum with the Composite International Diagnostic Interview for Women (CIDI-V) to assess DSM-IV anxiety and depressive disorders. Information on excessive infant crying, feeding and sleeping problems was obtained from n = 286 mothers during postpartum period via questionnaire and interview (Baby-DIPS).

Results: Excessive infant crying (10.1%) was specifically associated with maternal anxiety disorders, especially in infants of younger and lower educated first-time mothers. Feeding problems (36.4%) were predicted by maternal anxiety (and comorbid depressive) disorders in primiparous mothers and infants with lower birth weight. Infant sleeping problems (12.2%) were related to maternal depressive (and comorbid anxiety) disorders irrespective of maternal parity.

Conclusions: This study revealed specific risk constellations. Primiparous mothers with anxiety disorders may be more prone to anxious misinterpretations of crying and feeding situations that may lead to an elevated risk for escalating mother-infant interactions. The relation between maternal depressive and infant sleeping problems may be better explained by a transmission of unsettled maternal sleep to the fetus during pregnancy or a lack of daily structure (e.g. initiation of bedtime routine) after delivery. Maternal disorders as early as prior to pregnancy require more attention in research and clinical practice.

Infant regulatory behaviors are associated with psychiatric problems in early childhood

Rantalainen, V., Räikkönen, K., Lahti, M., Savolainen, K., Tuovinen, S., Villa, P., Laivuori, H., Hämäläinen, E., Kajantie, E., Pesonen, A.K.

Institute of Behavioural Sciences, University of Helsinki, Helsinki, Finland

Introduction: Individual studies and large-scale meta-analysis have shown the problems in regulatory behaviors in early childhood predict increased risk of psychiatric problems, especially externalizing problems and attention-deficit/hyperactivity disorder later in childhood. The extent to which regulatory problems identified already in infancy predict childhood psychiatric problems remains less well known.

Aims of the study: We examined if regulatory behaviors measured at the age of two weeks predict psychiatric problems at the age of two to five years, and tested if the associations were explained by maternal sociodemographic characteristics and depressive symptoms.

Materials and Methods: The sample comprised 2,195 mother-child dyads who participated in the prospective Prediction and Prevention of Pre-eclampsia (PREDO) study. Perceptions of the infant regulatory behaviors at mean age of 15 (± 4.2) days were rated by their mothers using the Neonatal Perception Inventory capturing more problems in own infant's crying, feeding, spitting, elimination, sleeping and predictability behaviors in relation to an average infant. Psychiatric problems of the child at the mean age of 3.5 (± 1.2) years were rated by their mothers using the Child Behavior Checklist.

Results: More negative maternal perceptions of the infant behaviors were related to higher levels of total, externalizing and internalizing behavior problems, and increased risk of scoring above the borderline clinical cutoff on these scales in childhood (p -values < 0.05). Highest risk was associated with problems related to crying and elimination behaviors. The associations remained significant when we made adjustments for maternal sociodemographic characteristics (age and education) and her depressive symptoms two weeks after the delivery.

Conclusions: Our findings corroborate findings from previous studies and suggest that regulatory behaviors measured already in infancy are predictive of psychiatric problems in early childhood. Regulatory behaviors in infancy afford early identification of children at risk for later psychiatric problems and provide a window for timely interventions.

Therapy of infant regulatory problems – a systematic review

Huber, T., Sattel, H., Schmid-Muehlbauer, G.

Department of Psychosomatic Medicine and Psychotherapy, Technische Universitaet Muenchen, Munich, Germany

Introduction: Early regulatory problems (RP) are defined as difficulties of infants or toddlers to regulate their behaviour adequately in terms of their age. The core symptoms in the first year of life are excessive crying, sleeping, and feeding difficulties. These problems often occur in interaction with the parents, causing parental frustration, helplessness and burden. Multiple or persistent RP seem to be a risk factor for behavioural, attention related, and/or cognitive problems at school age. Thus, early and adequate treatments for RP with demonstrable efficacy are strongly required.

Aims of the study: This review aims to give a systematic overview of therapeutical approaches and their efficacy regarding infant RP.

Material and methods: We conducted a systematic literature search in Medline, PsycBOOKS, PsycINFO, Psyn dex and The Cochrane Library. If appropriate information and statements were given, we computed effect sizes (ES); in addition, we rated the quality of the studies.

Results: We finally included 23 studies. Most studies investigated the outcomes crying and sleeping duration as well as maternal mood. They examined specific behavioural trainings, counselling or supply of information. The results show that studies targeting the mother-child interaction significantly improved the maternal mood with an effect size of 0.38 (95% CI 0.26 to 0.50). Behavioural interventions effectively reduced mean crying duration (ES 0.80, 95% CI 0.69 to 0.92), whilst comparable intervention effects for sleeping duration could not be revealed (ES 0.03, 95% CI -0.87 to 0.94). Overall, the quality of the studies was poor and did often not allow direct comparisons of intervention and appropriate control groups.

Conclusions: This systematic review provides preliminary evidence that behavioural interventions may be effective in certain infant RP. Since the quality of many studies was poor, further research

should follow international quality and research standards when publishing results (i.e., adequate control groups and appropriate statistical analyses).

17:15 – 18:00 Symposium

The clinical uses of the Parent Development Interview

Moderator: Slade, A.

Yale Child Study Center, Yale University, New Haven, CT, United States

The clinical assessment of mentalization, the quality of representations, and the caregiving system using the PDI

Slade, A.

Yale Child Study Center, Yale University, New Haven, CT, United States

This presentation will introduce the Parent Development Interview (Slade, Aber, Berger, Bresgi, & Kaplan, 2003) and describe its use as a clinical tool. The interview asks parents to describe their current relationship with the child, a relationship that is evolving in the present, colored by the past, but unique and complex in its own right. Unlike an adult's relationship with her parents, the relationship with the child is typically highly charged, in positive and sometimes negative ways, a "live" rather than memorialized relationship. The interview asks a series of questions that are intrinsically activating, because they ask the parent to describe intense emotional moments with the child as well as in their own experience of parenting. The parent is also encouraged to reflect on the ways that their experience with their own parents has had an impact on their developing relationship with the child.

The PDI has been used in a variety of research settings (Slade et al., 2005) and has been validated in both clinical and community samples (Sleed, 2013). In this presentation, we will use clinical vignettes from two large scale infant-parent intervention programs in the United States and the United Kingdom to demonstrate the PDI's use in evaluating the nuances of a parent's reflective capacities, the quality and coherence of their representations of the child, and the degree to which the parent sees themselves as a *parent*, capable of comforting and protecting the child, will be illustrated using transcripts collected in intervention studies. By identifying areas both areas of difficulty and conflict, as well as strength and resilience, these assessments can be used to guide clinicians in their work with families, and define targets of intervention. The practical issues involved in its clinical administration and reporting will also be discussed.

Using the PDI in neonatal intensive care

Chapman, M.^{1, 2}, Paul, C.^{1, 2}

¹ *Murdoch Children's Research Institute, Royal Children's Hospital, Melbourne, Australia;*

² *University of Melbourne, University of Melbourne, Melbourne, Australia*

Conducting assessments for the court when babies are perceived to be at risk of abuse and neglect is a complex task. Centrally, this involves constructing a comprehensive and coherent narrative that makes sense of each parent's functioning, his/her relationship with the baby, and the extent to which s/he can think about the baby as a developing individual with his/her own feelings and needs, separate from the parent's own. Questions to be answered include:

- Is the baby at risk of significant harm?
- If so, is that harm attributable to the care provided by the parent?
- If so, does the parent have the capacity to change within the baby's timeframe?

The challenge is to come to a settled view about the *future* risk to the baby of remaining in the care of their birth parent/s. Crucial to this process is to understand the parent's capacity to hold their baby in mind and to imagine what it is like for the baby to have them as a parent. The context represents a further challenge: parents are asked to engage in a process of honest reflection when their answers to questions may result in the loss of their baby. In the context of court assessments the PDI can be seen as one very useful way of assessing the parent's capacity to provide sensitive, attuned care to the developing infant. It must be used in parallel with other kinds of assessment to develop a coherent understanding of the parent's capacity to care for the baby, and to articulate this to the court. This presentation will use clinical examples of parents with personality difficulties and their babies to discuss the use of the PDI as a clinical tool to focus the parent's mind on the nature and quality of their relationship with their baby.

18:00 – 18:45 Symposium

Meditation is a natural fit in group and individual reflective supervision, training and practice in parent-infant mental health

Moderator: Shahmoon-Shanok, R.
Institute for Infants, Children and Families, JBFCS, New York, NY, United States

Discussants: Clark, R.¹, Tuchman-Ginsberg, L.¹, Heffron, M.², Gilkerson, L.³
¹ *School of Medicine and Public Health, University of Wisconsin, Madison, WI, United States;* ² *UCSF Benioff Children's Hospital, Oakland, CA, United States;* ³ *Erikson Institute, Chicago, IL, United States*

Supporting the development of reflective capacities: the integration of mindfulness meditation in a university-based infant, early childhood and family mental health certificate program

Clark, R.

School of Medicine and Public Health, University of Wisconsin, Madison, WI, United States

Introduction: Meditation is an effective practice through which one can develop increased curiosity, awareness, self-regulation, presence and compassion towards oneself, one's students and vulnerable young children and parents. The wisdom of this ancient practice and the centrality of reflective capacity in infant mental health, inspired us to integrate mindfulness in our University-based Infant, Early Childhood and Family Mental Health Certificate Program.

Aims: To increase reflective capacities of faculty /mentors, students and their clients through the integration of mindfulness practices in an infant mental health training program.

Description: We will describe parallel processes in the teaching and practice of mindfulness across program components and work with families, including an insight and lovingkindness meditation course, mindfulness prior to case presentations in reflective mentoring groups, and pausing for 'dropping-in', mindful movement and reflective journaling. Reflective supervision with program mentors also begins with a mindfulness sit. Data will be shared on how Mindfulness has supported increased self-awareness, reduced reactivity, increased presence and growth of capacity to reflect and respond more compassionately for both students and parents.

Conclusion: Initial quantitative and qualitative data support our hypothesis that Mindfulness contributes to reflective capacity and the benefit of incorporating this practice into parent-infant mental health training and practice.

Meditation-enhanced reflective supervision for work with young children: parallel processes within dyadic cases of trauma and-or developmental challenge and with groups of parents and providers

Shahmoon-Shanok, R

Institute for Infants, Children, and Families, JBFCS, New York, NY, United States

Introduction: Giving details of how she went about it, Dr. Shahmoon-Shanok will describe the ways that meditation within her CPP group reflective supervision soon became part of supervisees' practice and the ways that their work with young children and their parents improved.

Aims: With the goals of describing how meditation can be integrated into reflective supervision and how that addition can positively affect treatment, she will frame her discussion within the contexts of development for both children and their significant caregiver(s), states of arousal, interpersonal neurobiology and parallel process.

Description: Using lively vignettes, Dr. Shahmoon-Shanok will show that adding meditation to practice seemed to accelerate key caregivers' awareness of their own states, and gave them ways to calm down which they welcomed, even if after initial hesitation. Also to be raised will be the protection of supervisees at risk for secondary trauma. Included will be references to processes the presenter had experienced which led to her evolution in practice and supervision.

Conclusion: Ideas about reflective function and thoughts about developmental processes will be raised pointing to many parallels in this way of working.

Framing the space: opening and closing supervision rituals

Heffron, M.

Benioff Children's Hospital, UCSF, Oakland, CA, United States

Introduction: In individual and group supervision, meditation practices provide an initial ritual that enhance the ability of supervisees and supervisor to focus jointly on the tasks of supervision and extends an invitation to think deeply about case material.

Aims: Considering the notion of parallel process, activities that support and prompt reflective functioning allow practitioners a chance to deepen capacities to consider how different perspectives can be acknowledged and opened for discussion safely, and helps supervisees use these skills to enhance the reflective functioning capacities of parents and others.

Description: Initial meditation exercise provides a bridge from the world of demands to a place where creativity and insight can prepare the individual or group members to remember their shared mission, receive support, and together navigate next steps. Closing meditation, allows a few minutes to let the benefits of the time sink in and prepares each clinician to move more mindfully back to daily routine.

Conclusion: A supervisory vignette will demonstrate how differences within the group related to race, class, and childrearing were addressed and how the opening and closing meditation processes provided a frame that created safety for this venture.

Mindful self-regulation: a professional competency and learned skill

Gilkerson, L.

Fussy Baby Network, Erikson Institute, Chicago, IL, United States

Introduction: When attunement is present, communication and interactions flow, one reads the cues of the other and responds flexibly. When mis-attunement happens, one reacts rather than responds. Can professionals "catch themselves" in the moment to regain balance and reconnect?

Aims: The purpose is to present a model for Mindful Self-Regulation (MSR) developed at Erikson Institute Fussy Baby Network (Gilkerson et al, 2012). This approach has been taught to professionals in diverse roles and disciplines to help them stay the calm center for change in challenging encounters.

Description: MSR is an intra-personal, intentional process of self-awareness and self-regulation. In encounters, professionals strive to maintain a reflective posture of emotional availability and focused attention. But we get triggered—our bodies react, feelings are evoked, and attention is lost. Adapting a framework from Saakvitne, K. & Pearlman, L. (1996), MSR is a learned process of: Awareness of one's own sensations, feelings, and thoughts; Balance: using strategies to bring internal and external states to baseline; and Connecting with new awareness.

Conclusion: Evaluation of the impact of MSR on practice and MSR strategies and how they are used by home visitors, IMH Specialists, physicians and allied health professionals will be summarized.

17:15 – 18:45 Brief Oral Presentations

Aspects of Parent-Infant Interactions

Facilitator: Sethna, V.
United Kingdom

Mother-infant interactions and regional brain volumes in infancy: an MRI study

Sethna, V.¹, Pote, I.¹, Wang, S.², Gudbrandsen, M.¹, Blasi, A.³, McCusker, C.¹, Daly, E.¹, Perry, E.¹, Adams, K.P. H.¹, Kuklisova-Murgasova, M.⁴, Busuulwa, P.^{1,9}, Lloyd-Fox, S.³, Murray, L.^{5,6}, Johnson, M.H.³, Williams, S.C.R.^{7,8}, Murphy, D.G. M.^{1±}, Craig, M.C.^{1±}, McAlonan, G.M.^{1±}

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It is generally agreed that the human brain is most sensitive to environmental influences in development, and that the male brain may be particularly responsive to early adversity. However, this is based largely on retrospective studies of older children and adolescents exposed to extreme environments (i.e. severe maltreatment) in childhood. Less is understood about how normative variations in parent-child interactions are associated with the developing infant brain. To address this, we used magnetic resonance imaging to investigate, for the first time, the relationship between observational measures of mother-infant interactions and regional brain volumes in a community sample of 4-month-old infants (N=43). In addition, we examined whether this relationship differs in male and female infants. We found that greater maternal 'depressive affect' correlated with smaller total grey and white matter volumes and larger cerebrospinal fluid volumes in the whole sample. When the sample was stratified by infant sex, this result appeared to be driven mainly by male infants. Also, lower maternal 'sensitivity' was correlated with smaller subcortical grey matter volumes. However, this association was the same in both sexes. Furthermore, greater infant positive 'communication and engagement' during mother-infant interactions was associated with smaller cerebellum volumes – and this result appeared to be

driven mainly by male infants. These preliminary findings suggest that variations in common parenting dimensions are associated with differences in infant brain development, and perhaps especially in males.

Hostility, aggression, and negativity in mothers' speech to infants: A South African study

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Department of Psychiatry, University of Cape Town, Cape Town, South Africa

Introduction: The Drakenstein Child Health Study is one of the few prospective birth cohort studies in the low- and middle-income world, and includes a focus on maternal depression, substance use, and exposure to intimate partner violence.

Aims: A sub-study has focused on mother-infant interaction, with the aim of understanding the nature and associations of such mother-infant interactions. Mothers were filmed playing with their infants. The Global Rating Scale (GRS) was used to assess 240 mother-infant dyads, in a five-minute video clip. As the GRS did not capture the extent of the aggression and hostility witnessed, a new scale was developed by counting how many critical, aggressive or negative comments were made by the mothers in the 5 minutes.

Description: Hostility, aggression, and negativity were features of mothers' talk to 14-week old infants. Notably, the mothers' tone and facial expression often did not match the content of their speech. While many mothers spoke in sweet, even soothing voices, with a smile on their face, the contents of their speech showed that many were repeatedly criticizing and even threatening their infants. 22% of mothers said more than 20 negative comments in 5 minutes, with a range from 20 to as much as 97.

Conclusions: Utilising video material from participating mother-infant dyads, this talk will illustrate the unusual aggressive speech witnessed. It will theorise about how this style of mother/infant relating might have developed, and consider some of the possible consequences this aggressive speech might have on the development and mental health of infants.

Maternal PTSD caused by earthquake affects mental development of children

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Introduction: Many studies on human, and experimental research with animals suggest that maternal stress such as mental health disorder may have long-lasting adverse consequences on cognitive development or behavioral problems of the offspring.

Aims of the project: The purpose of this study was to explore the effects whether PTSD of mothers suffered from earthquake is consequential for impair mental development of their infants. Description of the work : Methods: Participants including 86 pregnant women who were pregnant around the earthquake in Ningqiang county and their children. The mean age of the 86 women was 29.3 years (range 18–40 years). Among the 86 children, there were 54 boys and 32 girls aged 0–3 years. The PTSD questionnaire was used to measure the psychological and mental effect of Earthquake on mother. Each child was assessed by the mental Developmental Screening Test

(DST) according to the age. In this scale, Development Quotient Index (DQ) and Mental Index (MI) were reckoned for an assessment of mental developmental level of infants.

Results: The incidence of $DQ < 85$ was 61.11% among the children whose mother's PTSD scores equal or greater than 50, which was higher than that of children (16.18%) whose mother's PTSD scores less than 50 ($P < 0.0.1$). The correlation analysis showed that PTSD score was inversely related to the DQ and MI score. The result also showed that both DQ and MI scores were associated with the gender ($r_1 = -0.204$, $r_2 = -0.226$), which was that girls had obtained higher score than boys.

Conclusion: Maternal PTSD caused by earthquake was associated with relatively lower intellectual development in children with 0-3 years of age. Further study is needed to assess the persistent effects of this influence on offspring of maternal exposure to earthquake.

Father-child interactions at 3-months and 2 years: contributions to children's cognitive development at 2 years

Sethna, V.¹, Perry, E.¹, Domoney, J.², Iles, J.³, Psychogiou, L.⁴, Rowbotham, N. E.L.⁵, Stein, A.⁵, Murray, L.⁶, Ramchandani, P.G.³

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Background: The role of fathers and the quality of father-child interactions have become a focus of increasing research in the field of child development. This study aims to examine the potential contribution of father-child interactions at 3 months and 24 months to cognitive development in children at 24 months. Furthermore, we examine whether these associations differ for male and female children.

Methods: The sample included 192 families. Observational measures of father-child interactions at 3 months and at 24 months were used to assess the quality of fathers' parenting. At 2 years, the Mental Developmental Index (MDI) of the Bayley's Scales of Infant Development measured cognitive functioning. The association between father interactions and cognitive development was examined using multiple linear regression analyses, adjusting for father's age, educational qualifications and depression status, and mother's sensitivity.

Results: Children whose fathers displayed more withdrawn and depressive behaviours in father-infant interactions at 3 months, scored lower on the MDI at 2 years. Children whose fathers were more engaged and sensitive, and those whose fathers were less controlling in father-child interactions at 24 months, scored higher on the MDI. These findings were independent of the effects of maternal sensitivity.

Conclusions: These results suggest that father-child interactions, even from a very young age (3 months) may provide an important context for children's cognitive development. They highlight the significance of early interventions to promote positive parenting by fathers, and policies that encourage fathers to spend more time with their young children.

17:15 – 18:00 Workshop

Parental custody in tender years – Work model in light of changing theoretical and social considerations

Shmueli, A., Tzemach, S.

Psychodiagnostic Unit, Shacked Institute of Psychology, Rehovot, Israel

Up until recent years, the professional and legal trend in Israel was that in case of divorce, "Tender years doctrine" is in effect, according to which children aged <6 years are automatically under their mother's custody. During recent years, the public and professional debate tends towards the direction of "Shared parental responsibility". According to this approach, children need, from the beginning of their lives, a stable, consistent and frequent presence of both parents, as the meaningful relationship with both parents has major importance for child's development. That means, that in the absence of other reasons – technical or those originating from the child's best interest – it is desirable that infants and children will stay with both parents, including at nighttime. This trend causes an extensive rise in the number of cases discussed in the Courts of Law, in which fathers claim for "shared custody" or even sole custody over infants. The "Shacked Institute of Psychology" conducts familial assessments for court, aiming to recommend the custody arrangement most appropriate for the infant. The assessment process takes into account the altering social trends and is based on developmental theories (Attachment and Psychoanalysis). The work paradigm includes reference to the personality structure of both parents, the infant's developmental and emotional state, the "goodness of fit" between his needs and the parental abilities of each of the parents, and the parents' ability to cooperate for the infant's best interest, in order to allow him a meaningful relationship with each of them. In the workshop, we will present the manner in which exams are performed, the way in which data are analyzed as well as the considerations in constructing recommendations for court. The workshop will include demonstration of the work model in clinical cases of infants (0-3).

18:00 – 18:45 Workshop

The use of the prenatal LTP in the process of adoption

Keren, M.¹, Aboud, S.²

¹ *Infant Mental Health Unit, Geha Mental health center, Petah Tiqva, Israel;* ² *Adoption Service, Ministry of Social Welfare, Haifa, Israel*

Introduction: The process of evaluation of the potential fitness of couples to adopt a child is complex because one needs to assess parenthood before the couple receives the child. The Adult Attachment Interview has been used to detect individuals with disorganized attachment representations, based on the knowledge that parents with disorganized attachment are potentially at risk for maladaptive parental behaviors. Various personality and projective tests are also used. Still, in our experience, these tools are only partly useful to detect those couples who are at risk to develop parenting difficulties with the adopted child. The prenatal Lausanne Triadic Play is a paradigm that triggers an imaginary dialogue between parents and "their" baby doll, and its correlation with the post-natal LTP along the first five years of life has been shown in the Lausanne longitudinal study.

Aim: To improve the pre-adoption assessment of potential adoptive Arabic couples, and to look at the predictive value of the prenatal Lausanne Triadic Play after the couple has received an infant.

Description: In this workshop, we will show with the help of three Arabic couples videotaped clips the use of the prenatal Lausanne Triadic Play in the process of the pre-adoption evaluation and post-adoption follow up. The three cases will be discussed in terms of the dyadic, triadic, and

couple alliances in the context of the adoption process, with a special emphasis on the cultural aspects of adoption among Arabic couples.

Conclusions: The prenatal LTP is a useful complementary tool in the preadoption process as well as in the post adoption follow up evaluation. It opens a window into some parental unconscious representations, and may be used as an indicator of those adoptive families who need psychological accompaniment in the first year following the adoption.

17:15 – 18:45 Symposium

Observing, intervening and measuring change - rating the evidence of our eyes and minds

Moderator: Bindernagel, D.

Department of Children and Families, Kinder und Jugendpsychiatrische Dienste, St. Gallen, Switzerland

Discussant: Emanuel, L.

Tavistock Clinic London, London, United Kingdom

Evaluating parent-infant-psychotherapy in an outpatient clinic: challenges, obstacles and possible benefits - two case reports about the influence of psychodynamics on measurement

Walker, P.

Outpatient clinic 0-3, Kinder- und Jugendpsychiatrische Dienste, St. Gallen, Switzerland

Introduction: Comparison of handling of outcome measurement in psychoanalytic parent-child-psychotherapy of two 3year-old-boys and their parents in relation to course of treatment, emerging psychodynamics and related parameters such as parental ability of separation and triangulation.

Method: One fully measured short-term-psychotherapy and one incompletely measured long-term-treatment. We compare written transcripts of the sessions with the same psychotherapist and the questionnaires of the outcome as itemized in abstract No xx. We focus measurement in relation to psychodynamics.

Results: Good parental ability of separation and triangulation in the short case, therapist is put in a helpful third position, treatment is successful with a clear beginning and a clear end, what makes time of measurement easy to define. The long-term treatment shows a depressed parental couple, insecure in decisions and having difficulties with separation of any kind. There is a clear beginning, but no clear end of treatment what makes outcome measurement difficult.

Conclusion: Psychodynamics influence the quality of outcome measurement. Here the main problem is the definition of the end of treatment. If there is no clear end, the time for measurement is difficult to find. And if measurement means the end of treatment it could be avoided out of psychodynamic reasons

Evaluating parent-infant psychotherapy at the outpatient unit for infant psychiatry in St. Gallen, Switzerland

Bindernagel, D.

Outpatient clinic 0-3, Kinder- und Jugendpsychiatrischer Dienst, St. Gallen, Switzerland

Introduction: Treatment is shortterm, interactional, based on psychodynamic background and assessed following DC 0-3R . Over 3,5 years we assessed all patients at the beginning, the end and 6 month post treatment by parental reports and clinical judgement through the therapist.

Aims: Aims of the observational study are to evaluate the outcome and to improve diagnostic assessment and therapeutic intervention.

Methods: Sample: 214 treated, 121 met including criteria (more than 1 consultation, no language barrier, parental agreement). 50 returns: 26 at t0, t1 and t2. 24 at t0 and t1. 60 no returns. 11 still in treatment.

t0 parents: questionnaire problems and expectations, BITSEA, KPCS, EPDS. t0 psychotherapist: PIRGAS. t1 and t2 parents: questionnaire problems and treatment satisfaction, BITSEA, KPCS, EPDS. t1 psychotherapist: DC: 0-3R

Results: Group comparisons between t0 and t1 show significant improvement in parental reports on children's behaviour and parental well-being and in therapists' assessment of the parent-child relationship and infant's symptoms. Correlation analyses revealed outcomes less positive in older children and longer treatment duration negatively associated with therapy progress.

Conclusion: Results show significant improvement. Poor return may be associated with parental motivation to answer questionnaires, psychodynamic issues and motivation of clinicians to go for outcome measurement.

The brief intervention project at Tavistock Clinic in London

Emanuel, L.

Department of Children and Families, Tavistock Clinic London, London, United Kingdom

Introduction: This presentation addresses the need for psychodynamic parent-infant clinicians to engage with the current climate in which evidence-based practice is increasingly emphasised.

Aim: I describe the implementation and findings of the Brief Intervention Project, a Tavistock Clinic pilot study, designed to evaluate the effectiveness of brief, focused, psycho-analytically based interventions with caregivers and children under five.

Method: We combined specially designed questionnaires for parents and clinicians, to elicit their observations of change, with standardised measures, including 'Goal Based Measure', and the 'Parenting Stress Index. We describe the experience of implementing standardized outcome measures, in parallel with the therapeutic process, as it unfolded in the consulting room, illustrating with a clinical case.

Results The evaluation demonstrated that the brief under 5's work was experienced by caregivers and clinicians, as an effective therapeutic encounter. The standardised measures indicated a statistically significant improvement, while the caregivers' and clinicians' observations of change, noted improvement in the child's symptoms, and caregivers' capacity to attend to and contain their children's emotional needs.

Conclusion: I explore the interrelationship of the variables with the aim of selecting and refining those measures most sensitive to the hypothesised changes, for inclusion in a proposed later study.

17:15 – 18:45 Brief Oral Presentations

Facilitator: Wintgens, A.

*Child Psychiatrist; Chief unit of the reference centre for autism spectrum disorders;
Child and Adolescent Psychiatry Service, Cliniques universitaires Saint-Luc,
Université Catholique de Louvain (UCL), Brussels*

Maternal mental health status and temperamental traits of the baby: reciprocal influences and effects on the quality of feeding interactions

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Department of Pedagogy, Psychology, Philosophy, University of Cagliari, Cagliari, Italy

The literature has described the prevalence of depression/anxiety during and after pregnancy, and their effect on neonatal outcome. However, only a few studies have investigated the interaction of maternal depression and infant temperament, and the impact on their feeding interactions (FI). The aim of this study (funded by the Ministry for Education, University and Research, MIUR-PRIN 2013/2016-20107JZAF4) is to investigate the influence of maternal pre and postnatal depression/anxiety, as well as the temperament of the infant at three months of age, on the quality of their FI. This is an ongoing longitudinal study. Data of 50 dyads that completed the first (pregnancy: T1), and second (3 months: T2) steps are presented. T1: Edinburgh Postpartum Depression Scale (EPDS), State-Trait Anxiety Inventory (STAI) were administered. T2: Infant Baby Questionnaire (IBQ), EPDS, STAI. Videotaped FI were coded with the Feeding Scale. Results *in progress* show significant correlations between prenatal EPDS/STAI scores and the Affective State of the Mother subscale during feeding, as well as with the Fear IBQ-subscale. The Sadness IBQ-subscale shows significant correlations with the Interactional Conflict and the Food Refusal Behavior subscale. The assessment of a transactional model helps to clarify the reciprocal influences within the early mother-infant relationship.

Facilitating internal regulation of eating: the effect on mother and child

Brinkmeier, L., Vye, C., Chatoor, I.

College of Education, Leadership, and Counseling, University of St. Thomas, Minneapolis, United States

Infantile Anorexia (IA) has been described as a transactional disorder that grows from a history of conflictual interactions between infants and caregivers (Chatoor et al., 1997). This transactional model proposes that the child's refusal to eat generates anxiety in the mother. The mother in turn resorts to controlling behaviors that set the stage for conflictual feeding interactions that foster and maintain IA. This study investigated a treatment based on the Transactional Model for IA by helping parents facilitate internal regulation of eating in their children. The study examined maternal depression using the Beck Depression Inventory-II; and maternal perception of parenting competence, and maternal perception of child temperament and behavior using the Parenting Stress Index (PSI). Mothers of children aged 13 to 42 months-old completed both questionnaires before and one month after treatment (N=17). Most mothers and their children scored in the average range on these scales, and a small number of mothers demonstrated significant improvement on depression or perception of parenting competence subsequent to treatment. A correlation between the PSI scores of the children and the mothers' was significant (Pearson $r = .59$ with a p -value of 0.016139) which provides further support for the Transactional Model of IA.

The influence of eating disorders on mothers' sensitivity and adaptation during feeding: a longitudinal observational study

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¹ *Centre de Recherche en Psychanalyse et Médecine, University Denis Diderot, USPC, Paris, France;* ² *1178 CESP INSERM, University Paris SUD, Paris, France*

Parents with past and current eating disorders have been shown to report difficulties nourishing their infants. This could increase the risk of infant feeding problems linked to maternal anxiety and depression. We aimed to examine the impact of eating disorders on mothers' adaptation and sensitivity to their offspring during feeding, by comparing a population of mothers with eating disorders and controls. Twenty-eight women agreed to be interviewed and to be videotaped during mother-infant interactions. Pregnant women visiting an obstetric unit for follow-up care were screened and tested for symptoms of eating disorders with the Eating Disorders Examination

Questionnaire and Interview. Infant's functional problems and mothers' sensitivity were investigated with the Symptom Check List simplified (Robert-Tissot, 1989). Reciprocal adaptation during feeding with their new-borns was filmed and analysed with the Chatoor Infant Feeding Scale. Before pregnancy, two women suffered from anorexia, three suffered from bulimia, three had binge eating symptoms and two were diagnosed with Eating Disorders Not Otherwise Specified. Mothers suffering from ED tended to show more difficult interactive patterns in terms of dyadic reciprocity when feeding their infants compared with mothers with no symptoms. In the interviews, ED mothers expressed more feelings of dissatisfaction and uneasiness during feeding.

The point of view of children with disabilities parents'. An analysis of personal narratives about their Social Well Being and personal satisfaction.

Grasso, F.

Dipartimento di Medicina Riabilitativa, ASP Siracusa, Syracuse, Italy

Introduction: Grasso (2012; 2015) considers the experience of a child with disability as a major trauma in the parents' life that, in some cases, can generate misrepresentations of real children in parents similar to post-traumatic symptoms. In previous articles, we referred to the significant differences between: 1) the child functioning and the level of his/her abilities, as reported by the parents and 2) the child's emotional evaluations originated from parents and professionals. This is a qualitative research about parents' subjective perception (Quality of Life and children's health). Aims of the study is to get some features of parents' narrative (quality, content) and find a correlation with diagnosis, impairments, functioning of the children.

Methodology: Interviews with parents were conducted to plan individual assistance to children with disabilities and families. The parents responded to three main questions: how high was their satisfaction about the household and the quality of life of children; what their own perception was of the children's conditions; what the future expectations (and queries) are about the disability of their offspring(s). The narrative will be analyzed from the point of view of the quality of formal conversational rules (Grice, 1975). Special attention will be devoted on the parents' exaggerate criticism, especially when it is not supported by evidence; confused and disorganized description; detached and dismissing verbal behavior.

Results: We are expecting a 30% to 45% share of interviewees to reveal issues related to the quality of conversation - i.e. confused, or disorganised, or detached narratives - and/or loose realistic contents.

Conclusions: The quality of life of parents and children in terms of subjective life satisfaction is strictly tied to the support offered to parenthood during the whole life cycle.

The parental narcissistic dynamics. The parallel child

Vanden Driessche, L.

Université Paris 7, Paris, France

Being a parent is a privileged situation for the revival of the imaginary representations of child and parents which the subject carries in him, since his own childhood. From then on, the narcissistic stakes in the parenthood consist in the fact that these representations can undergo enough successive transformations, to invest the required parental positions as the child gradually grows. Certain delicate periods, unexpected events like the arisen of a disability, can be a stumbling block in these parental narcissistic dynamics. This research results from the clinical work in departments for children presenting an intellectual disability. During the discussions with their parents we observed that in their speech the portrait of another child often takes shape, a child other than presented, the image of somebody whose capacities for instance are superior so compared with those of the real child. These representations accompany them in the exercise of parenting, as a

parallel child (Vanden Driessche, 2009) and, up to a point, they ask us unconsciously to share them. Even if this image varies from one parent to another and really has no precise outline, we can describe: 1) It contains both idealized elements and elements of the disability 2) It can take support of the disabled child, or of several children, including a brother or a sister for example 3) It conveys the ambivalence of the parents, the affects which lead them, their hopes and fears 4) It is continually evolving. The parallel child is in the continuation of the child such as imagined by the parents well before birth and this figure is not fundamentally different as when the child has no disability. It promotes the sense of security needed for the processes of psychic separation, and has a function in the accompanying.

Preterm Children With Autism: Results of a retrospective study. Multiplicity of impairments, multiplicity of disorders, multiplicity of risk factors and late access to medical care

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Introduction: In April 2010, Samantha Johnson, Neil Marlow and colleagues, report the latest results of the Epicure study in Britain: in very preterm, the risk of developing autism syndrome is multiplied by 65. However, if epidemiological studies are now many, there are few clinical studies on the psychopathological profile of these children.

Method: A retrospective study was conducted on cases of premature babies and having received an ASD diagnosis for five years in the child psychiatry department of the University Hospital of Caen. This data was cross-checked with data from the neonatology. The study focuses on 26 children. Preterm children with ASD characteristics are described from neonatal, socio-cultural, psychopathological and neuropsychological data.

Results: we have undertake a comparison with children with ASD and born at full term. There shall be a demonstration of specific signs in the population of preterm children with ASD. Preterm children with ASD present additional problems in following fields : Motor delay ; Motor coordination ; Visual motor integration ; Speech and language delay. More than a third of all mothers have had at least one previous difficult pregnancy (therapeutic abortion, abortion, foetal death). This suggests a genetic or psychological link between past complicated pregnancies and future birth of preterm infant with ASD. The study also shows the importance of taking into account the neonatal data in the history of preterm children with ASD. Hypotheses are proposed on the autistic process in these children.

Conclusion: The association with prematurity and autistic disorders encourages a specific therapeutic approach taking into account neuro-developmental and environmental factors in a comprehensive approach. Families do not always find teams integrating the multiplicity of problems presented by their children before age 5 years.

17:15 – 18:00 Video Presentations

Presentation of a mother baby treatment , between 4 month to 2 years

Laznik, M.-C.

Centre Alfred Binet, Association de Santé Mentale du XIIIème, Paris, France

Nadia, 4 months, is a baby who exemplifies the work of liaison between the various services of the child living area, permitting the work of the psychoanalyst. Around this family, living in very

precarious material conditions, a whole network was active and worked out fairly well: on one side, our consultation for baby at Alfred Binet Center, the child psychiatrist, the psychoanalyst, the psychomotor therapist; on the other side, social workers of the area, the day care center physician and all their team. The mother arrives because the baby was looking at nobody and especially not at her. With films that cover the first 18 months of Nadia, we will see how the psychoanalyst will first come in contact with the baby, using the *motherese* prosody, listen to the mother who will tell her pregnancy and a previous traumatic delivery; this enable the baby a first link with her mother and reassure her on Nadia skills. We would see the importance of recognizing the pain produced to the mother by the refusal of contact of her daughter. This creates a bond of trust that will allow the mother to protect her baby against the excesses of excitement she might have suffered in their country of origin during the holidays (it is a migrant family). The need for Nadia to protect herself from maternal distress will continue. For several months, Nadia can play and gaze only at her analyst. Gradually, the mother will get caught in our game, and as soon as she let a sound of joy out of her mouth, the baby will look at her. A positive spiral will then engage. Without all this network around this family, the material conditions of life of this family would have swept all the psychoanalytic work.

18:00 – 18:45 Video Presentations

The Atypical Maternal Behavior Instrument for Assessment and Classification: A video demonstration

Madigan, S.¹, Lyons-Ruth, K², Bronfman, E.³

¹ *Department of Psychology, University of Calgary, Calgary, Canada;* ² *Department of Psychiatry, Harvard Medical School, Cambridge, United States;* ³ *Behavioral Medicine and General Outpatient Service, Boston Children's Hospital, Boston, United States*

Introduction: The Atypical Maternal Behaviour Instrument for Assessment and Classification (AMBIANCE; Bronfman, Madigan, & Lyons-Ruth, 2010; Lyons-Ruth, Bronfman, & Parsons, 1999) is an observation measure to assess atypical and extremely insensitivity forms of parenting behaviour. The AMBIANCE measure examines five themes of atypical parental behaviour: affective communication errors, role/boundary confusion, disorganized/disoriented behaviors, negative/intrusive behaviour, and withdrawal.

Purpose: The AMBIANCE measure was developed in 1991 in Dr. Lyons-Ruth's research laboratory to assess caregiver behavior associated with disorganization of infant attachment strategies and later child maladaptation. To date, there are over 30 publications using the AMBIANCE measure. In addition to predicting disorganized attachment, the AMBIANCE is associated with maternal mental health, maternal and infant cortisol, child social indiscriminate behaviour, and child and adolescent psychopathology. Reductions in atypical maternal behaviour using the AMBIANCE measure pre- and post-intervention have also been demonstrated. A meta-analysis by Madigan et al. (2006) demonstrated that the AMBIANCE coding system has good reliability, validity, and stability over time.

Description: This video workshop will provide an overview of the AMBIANCE measure using rich video clips illustrating each of the five AMBIANCE dimensions (affective communication errors, role/boundary confusion, disorganized/disoriented behaviors, negative/intrusive behaviour, and withdrawal), followed by a brief consideration of the research and clinical implications of the behavioural themes displayed. Opportunities for discussion and questions will be provided.

Conclusions: At the end of this workshop, participants will have acquired an overview of the various themes of atypical parental behavior encompassed within the AMBIANCE measure.

17:15 – 18:45 Poster Workshop

Implementing the NBO in home visiting for practitioners and parents

Facilitators: Hawthorne, J.¹, Nicolson, S.²

¹United Kingdom, ²Australia

Discussant: Nicolson, S.

Royal Women's Hospital, Melbourne, Australia

Evaluating the benefits of pre-NBO course preparation on health visitors' future practice

Appleton, J., Nickell, I.

Brazelton Centre UK, Cambridge, United Kingdom

Introduction: The Newborn Behavioural Observation (NBO) is a relationship-building tool designed to help the clinician and parent observe the infant's behavioural capacities and identify the kind of support the infant needs for his successful growth and development.

Aim and purpose of the project: The aim of this project is to identify the type of preparation needed for trainees ahead of formal NBO training, as it may be an important factor in enabling health visitors to integrate the NBO into clinical practice.

Description: Three groups of health visitors with different levels of preparation in infant development and knowledge of the Brazelton approach were trained in the NBO. All groups received the NBO manual prior to the training, though one group received in-house training in perinatal mental health and background to the NBO, and one group attended an in-house course on the background to the NBO. Questionnaires completed immediately before and after the training course established the level of knowledge of these health visitors and their perception of their ability to use the NBO in clinical practice. Six months after the training course, a follow-up questionnaire enquired about their current practice using the NBO. Data will be collated to compare the responses of the three groups and analysis will be undertaken to identify factors relating to preparation before NBO training that impact on the health visitors use of the NBO in clinical practice.

Conclusion: This project will help to identify how these three groups of trainees benefitted from different kinds of pre-course information, and whether it was an important factor in enabling health visitors to integrate the NBO into clinical practice during home visits.

Bringing the baby back to the centre: incorporating the NBO into the Ububele Mother-Baby Home-Visiting Project

Frost, K., Dawson, N., Richards, J.

Home Visiting Project, Ububele, Johannesburg, South Africa

Introduction: The Ububele Mother-Baby Home-Visiting Project is a South-African developed clinical intervention that seeks to improve the security of infant attachment through the provision of weekly home visits, over a limited period, by trained and clinically supported lay women. The clinical intervention draws on mentalisation theory, and shows promising initial results regarding shifts in reflective functioning.

Description of the project: Despite these gains, four years into the existence of the project, clinical supervision has highlighted that babies are falling into the background. This presentation documents how the incorporation of the Newborn Behavioural Observation into the Ububele Mother Baby Home Visiting Project (UMBHVP) has helped to address this challenge. The NBO training has provided home-visitors with a lens for infant observation, improving their observational skills and sense of competence as infant mental health practitioners. The NBO has provided the

team (supervising psychologists and Home Visitors) with a shared language with which to describe and understand infant behaviour. The NBO has also resulted in significant new gains for the visited dyads, as seen through data gathered on the impact of the intervention on the parent's sense of competence, level of relational knowledge, levels of post-natal depression and the infant's development. These findings will be presented.

Conclusion: The paper concludes by describing the adaptations to the UMBHVP that have been made since the NBO training and after reviewing some of the results. All of which is in service of building stronger relationships between parents and their new infants.

Factors affecting practitioners' ongoing use of the NBO six months after the NBO training course

Hawthorne, J.

Training, Brazelton Centre UK, Cambridge, United Kingdom

Introduction: In recent studies, the Newborn Behavioural Observations (NBO) has been shown to enhance mother-infant engagement, increase mother's confidence and understanding of her infant's cues, reduce symptoms of postpartum depression, and increase father involvement. Studies have also shown that the NBO increases practitioner's confidence levels in observing newborn behaviour with parents, makes changes to their practice in working with parents and newborns, and enhances their role in home visiting. Healthcare Managers in the UK who request NBO training for their teams are keen that practitioners use the NBO regularly in order to provide a supportive intervention in the newborn period, shifting their current practice with families.

Aim: To evaluate the ongoing use of the NBO by practitioners in the UK in order to better understand the core needs in the preparation for and content of NBO training courses, as well as the need for ongoing support and mentoring of practitioners.

Material and methods: Six months after the NBO training course, online follow-up questionnaires are sent to practitioners to enquire about their current use of the NBO with families. Questions are posed about which families they use the NBO with, whether they use it routinely or not, which aspects of the NBO they find particularly helpful, any constraints they have experienced, how much they have been able to integrate it into their practice and the ways in which practitioners think they have been able to support parents using the NBO. Statistical analysis will be carried out.

Results: This paper will focus on the findings from the analysis of over 100 online questionnaires sent to practitioners 6 months after their NBO training course in the UK.

Conclusions: The information gained will inform how NBO training is carried out, and the amount of support practitioners have in their settings.

Wednesday June 1

8:00 – 8:55 Master Class Lectures

MS-11 Parenting the Unborn Baby

Barlow, J.

University of Warwick

Parenting begins before the baby is born in terms of both health behaviours that are designed to protect and promote the wellbeing of the unborn baby, and the developing relationship as indicated by measures of parental reflective functioning about the baby. This masterclass examines recent research about the importance of the developing relationship in the antenatal period, and new methods of working to both identify and support vulnerable women and their unborn babies.

MS-12 The Relational Health Screen – a new screening method for assessing parent-child relationships

Moe, V.¹, Siqueland, T.², Fredriksen, E.²

¹ *Specialist in clinical psychology*; ² *Clinical psychologist*

The assessment of parent-child interaction is often time consuming and expensive, and there is a need for more feasible instruments both in clinical practice as well as in large-scale studies of early child development. The Relational Health Screen (RHS) is a newly developed video-based screening instrument for assessing dyadic quality in parent-child interaction at ages 6, 12, 18 and 24 months. This scoring method aims at being developmentally sensitive. Thus, the number of dyadic dimensions increase as the child grows older. The Little in Norway (LiN) is a community-based population study with a prospective cohort design, investigating pre- and postnatal risk and promoting factors influencing development from pregnancy to age 18 months. In the LiN-study the RHS has been used to code more than 3000 video-recorded child-parent interactions. In this Master Class Vibeke Moe, Director of the LiN-study, Torill Siqueland, PhD and Eivor Fredriksen, PhD candidate, both members of the RHS-training team in the LiN-study, will present the scale and discuss their experiences with the development of the scale, reliability and validity issues, as well as use of the scale in research and clinical settings.

MS-13 The Newborn Period - the intervention point par excellence?

Nugent, K.

Brazelton Institute in the Division of Developmental Medicine at Boston Children's Hospital

While pregnancy, the newborn period and the early months of life make up a very short phase—in chronological terms at least—when compared with the whole life span or even with the years from birth to 3, there is compelling evidence to show that this period involves a series of pivotal life-changing transitions for the child, the parents and the emerging parent-child relationship. Although there is an equally strong body of research to show that clinically relevant issues such as self-regulation, trust, attachment, and individuation are life-course issues, this stage presents clinicians with a unique opportunity to affect change at a time of major transformation in many behavioral and neural functions and at a critical stage in the transition to parenthood and the parent-infant relationship. As such, it may be the prevention-intervention point par excellence. The Newborn Behavioral Observations (NBO) system is a relationship-based tool designed to strengthen the relationship between infants and parents by offering individualized information to parents about their baby's communication strategies and individuality. The uses of the NBO, the

theoretical framework on which it is based, and the growing evidence for its effectiveness as a form of support for parents and families will be addressed.

MS-14 For better or for worse: The dynamics of change between the baby and the couple
Fivaz, E.

Centre for Family Studies, University of Lausanne

The dynamics of adaptive change between therapist and patient was described by D. Stern and the BCPSG in reference to mother-infant developmental and dynamic systems models. This work shed light on the critical role of implicit relational knowledge in the process of adaptive change in relationships. There is a parallel process of "change for the better" between the baby and the couple. The first part of this presentation illustrates this process in what has now been well documented as triangular intersubjective communication. The second part focuses on maladaptive change, or "change for the worse." Dynamic systems models also help us understand how derailments of implicit relational knowledge entrench problematic interactive patterns. This perspective opens up new avenues for our understanding of developmental change and maladjustment in the family as well as in family therapy. Video case examples will be used to illustrate these processes.

MS-15 Behind the mirror: Interdisciplinary Developmental Assessment of Infants and Young Children with special needs

Oppenheim, A.

University of Haifa and Milman Center

In this masterclass I will describe an interdisciplinary comprehensive assessment model of young children with special needs and their parents. Based on a developmental, relationship-oriented, interdisciplinary approach this model emphasizes the following:

- A top priority of the team is to form a comfortable, relaxed, supportive and collaborative atmosphere which maximizes the chances to see the child and the family at their best.
- The entire interdisciplinary team (involving four to five professionals) meets the child and family for an extended several-hour observational, interactional assessment.
- Structured assessment tools of each of the disciplines are embedded within the free flowing assessment session in a playful, natural way.
- Ample time is provided for interaction with the parents in order to obtain a deeper picture of the child beyond surface impressions and to gain information that may support or refute clinical hypotheses.
- Ample time is also provided for an in-depth team discussion of the child separately from the family immediately after which the team meets with the family to share its conclusions and recommendations and to gauge where the family is vis-à-vis the teams diagnostic conclusions.

These points will be illustrated using video examples of the assessment process.

MS-21 The research program PILE: Multimodal approach of developmental trajectories of children from several cohorts

Golse, B., Ouss, L.

Department of Child Psychiatry at Necker-Enfants Malades Hospital, Assistance, Publique des Hôpitaux de Paris and Paris Descartes University, Paris, France

The research program entitled "PILE" (International Research Program for the Child's Language) was introduced in 2005 at the Hospital Necker-Enfants Malades (Paris). Its main objective is the identification - during the first year of life - of risk indicators about subsequent appearance of disorders in the field of general communication (PDD for Pervasive Developmental Disorders) or in the field of speech communication (SLD for Specific Language Disorders also called dysphasia). A transdisciplinary research methodology will be discussed in the context of research on a cohort of children with West syndrome.

9:00 - 10:15 Plenary Lecture 4

PLENARY LECTURE 4

The Impact of Abuse and Neglect and Possibilities for Intervention

Bakermans-Kranenburg, M.J.

Child maltreatment is a widespread, global phenomenon affecting the lives of millions of children all over the world. Prevalence rates differ depending on the method used (self-report versus informant studies), but are largely similar across the globe, with devastating consequences for individual children. In this presentation I will review what we know and do not yet know about the physical, neurobiological, and emotional consequences of child maltreatment, discuss risk factors on the individual and societal level, and highlight possibilities for intervention, with a special focus on the use of video-feedback as a means to reduce abusive and neglectful parenting and promote positive parenting.

10:45 - 12:15 Symposium

Early child-caregiver relationships as the origin of infant attachment patterns and young children's attachment representations and behavior

Moderator: Prof. Dr. Kai von Klitzing

Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics, University of Leipzig, Leipzig, Germany

An attachment-like classification at 7 months predicts attachment status at 14 months

Abbott, K.¹, Hill, J.¹, Sharp, H.²

¹ *University of Reading, Reading, United Kingdom;* ² *University of Liverpool, Liverpool, United Kingdom*

Introduction: It is not known whether patterns of attachment seen in the organisation of infant behaviours with a caregiver are established before age 1 year.

Aims of the study: To find out whether an attachment based classification of infant behaviours in response to threat at 7 months predicts attachment at 14 months.

Material & methods: In a general population study of first time mothers recruited during pregnancy (N = 1233), a stratified subsample was assessed when their infants were 7 months using the 'Still Face' (N = 278) and again at 14 months for attachment using the 'Strange Situation' (N = 268). Maternal sensitivity was observed in a separate play procedure and partner violence since birth was assessed in interview at 7 months. Rules for using established infant communication and affect scales to generate 4 attachment-like categories from the Still Face were written.

Results: Validity of the new attachment-like classification was supported by higher mean maternal sensitivity scores associated with secure compared to disorganised ($d = 0.65$, $p < .001$) and resistant ($d = 0.80$, $p < .001$) groups at 7 months. Greater exposure to partner violence was associated with disorganisation (OR = 3.1, $p = .008$). In multinomial logistic regression there was a strong association between membership of the 4 attachment categories at 7 and 14 months controlling for maternal sensitivity ($p < .001$). Secure status at 7 months predicted security at 14 months (OR = 2.92, $p < .001$), and disorganisation at 7 months predicted disorganisation at 14 months (OR = 2.67, $p = .001$).

Conclusions: An attachment-like pattern of response to threat is established before the first year. The origins of attachment security may be laid earlier than previously assumed, and an

attachment-like organisation of behaviours with caregivers may contribute to development before age 1 year.

Origins of infant attachment: Automated coding of “Chase and Dodge” in mother-infant face-to-face interaction at 4 months and infant attachment at 13 months

Tharner, A.¹, Væver, M.¹, Cordes, K.¹, Beebe, B.², Milne, D.²

¹ *Department of Psychology, University of Copenhagen, Copenhagen, Denmark;* ² *New York State Psychiatric Institute, Columbia Medical Center, New York, United States*

The importance of early attachment for later socio-emotional development is widely accepted. Nevertheless, determinants of individual differences in attachment quality are not fully understood. Attachment Theory states that these differences develop through recurrent experiences with caregivers, resulting in internal representations or working models (IWM) of the self and others in social situations. Studying early mother-infant interactions by micro-analysis may provide a better understanding of the development of attachment IWMs and thus the origins of individual differences in attachment quality. Drawing on the work of Beebe and colleagues (e.g. 2010), we aim to identify instances of “Chase and Dodge”, a behavioural pattern characterized by maternal approach and infant avoidance, which has been previously found to be a risk factor for the development of insecure mother-infant attachment. The aims of our study are 1) to develop an automated approach to identify Chase and Dodge in 4 months interactions using motion-capture data of maternal spatial orientation and infant head orientation, 2) to validate the automated approach with manual codings, and 3) to examine links of Chase and Dodge at 4 months with infant-mother attachment security at 13 months.

We observed 90 Danish mothers and their 4 months old babies in 3 minute non-stressful face-to-face interactions. During the interaction, infant head orientation and maternal spatial orientation were recorded using motion capture technology. At 13 months, infant-mother attachment classification was assessed using the Strange Situation Procedure. Four-months interactional data will be analyzed using the criteria specified by Beebe and colleagues (2010), to identify instances of Chase and Dodge, both manually and automated. For the automated method, we have developed a Matlab module. This approach will be validated with the manual codes. We will then examine whether Chase and Dodge patterns in 4 months interactions are prospectively associated with mother-infant attachment insecurity at 13 months.

Longitudinal effects of the mother-child relationship on children at age 1 and age 5: Mentalization and attachment

Giovanelli, C., Carli, L.

Department of Psychology, University of Milano-Bicocca, Italy

Introduction: Parenting practices have been studied in relation to the child's inner, physical and relational development. A central aspect of parenting which has been investigated is the capacity to treat the child as a psychological agent. This capacity is related to the child's attachment pattern (Fonagy, Gergely, Jurist & Target, 2001) and more generally to child representations of himself, others and relationships (Slade, 1999). However, there is a lack of longitudinal data on the links between maternal mentalization, child attachment patterns, and maternal representations of the child and of his/her pattern of attachment.

Aims of the study: The aim of this longitudinal study was to analyze the association between infant attachment patterns, maternal mentalization, and child attachment representations at 5 years.

Material and methods: A sample of 40 dyads participated in the study when children were aged 12 months and when they were 5 years. At the first assessment (child age 12 months) we collected the PDI to evaluate maternal Reflective Function (Slade et al., 2004) and the Strange Situation to assess the child's attachment pattern (Ainsworth et al., 1978). At the second assessment (child age 5 years) we collected the Story Stem Assessment Profile to investigate child's attachment (Hodges et al., 2013), the Child Behavior Checklist to identify problem behavior in the child (Achenbach & Rescorla, 2000), the Parent Stress Index to evaluate the magnitude of stress in the parent–child system, as perceived by the mother (Abidin, 1990), and Attachment Screening Assessment to assess maternal representation of child attachment (Glaser et al., 2011).

Results: We will present longitudinal data on the relationship between maternal RF and child attachment. Further data on maternal representation of the child and child's pattern of attachment will be reported.

Conclusions: We will propose potential clinical implications of the study and directions for future research.

Enter the maltreating caregiver: How the presence of a maltreating caregiver alters the child's narrative play

White, L.O.¹, Gołaska, P.², Richter, R.¹, Michel, A.¹, von Klitzing, K.¹, Borelli, J.L.³, Sierau, S.¹

¹ *Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics, University of Leipzig, Leipzig, Germany;* ² *Department of Psychology, Adam Mickiewicz University, Poznań, Poland;* ³ *Department of Psychology, Pomona College, California, United States*

Introduction: Ample work suggests that maltreated children possess fewer positive and more negative representations of their caregivers (e.g., Toth et al., 1997; Stronach et al., 2011). At the behavioral level, maltreated children's representations may give rise to hypervigilance and compulsive compliance with their caregivers' demands, as well as a pervasive inhibition of exploratory play (e.g., Crittenden et al., 1988). We combined these two lines of inquiry using a new narrative interaction task (NIT) with a sample of maltreated and nonmaltreated children.

Aims of the study: First, we aimed to investigate whether alterations in doll-play narratives of maltreated children would occur in the presence compared to the absence of the caregiver in the room, especially if the caregiver was previously involved in the child's maltreatment as a perpetrator. In addition, we also aimed to study behavioral responses to the presence of the caregiver (e.g., glancing to caregiver) and the dynamics of the interaction with doll figures.

Material and methods: Seventy 4- to 8-year-old maltreated children and 70 age- and gender-matched nonmaltreated controls were recruited from child protection services (CPS), our child-psychiatric unit, and the general population. Maltreatment characteristics (e.g., perpetrator, subtype) were coded from CPS files and parent interviews using the Maltreatment Classification System (Barnett, Manly & Cicchetti, 1993). For the NIT (informed by the MacArthur Story-Stem Battery; Bretherton & Oppenheim, 2003), children completed four story-beginnings about challenging and distressing scenarios. Caregivers entered into the room after the first two stories. Narratives were transcribed and rated by trained coders.

Results: In line with a compulsive compliant pattern, preliminary analyses in a subsample revealed that physically maltreated children exhibit greater avoidance and narrate stories with more positive parent representations once their caregivers entered the room, but not before.

Conclusions: We will discuss implications of our results for interventions with maltreated children.

10:45 - 12:15 Symposium

The multifaceted nature of postpartum depression: when do we have to worry about the infant?

Moderator: Smith-Nielsen, J.

Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Discussant: Mäntymaa, M.

Seinäjoki Central Hospital, Department of Child and Adolescent Psychiatry, Finland

Heterogeneity of Postpartum Depression: Contributions of Co-morbid Anxiety, Personality Disorders and Trauma to Treatment Efficacy, Relational Quality and Infant Outcomes

Clark, R., Evenson, A., Klein, M., Atwood, A.

Department of Psychiatry, University of Wisconsin School of Medicine and Public Health, Madison, United States

This study examined contributions of co-morbid disorders and trauma history on relational quality and the association between postpartum depression, treatment efficacy and child outcomes. Mothers with major depressive disorder postpartum were enrolled in a randomized treatment efficacy trial, ($N=147$). Measures: Structured Clinical Interview for DSM-IV Axis I & II; Wisconsin Personality Inventory; Hamilton; Child Trauma Questionnaire; Parent-Child Early Relational Assessment; Infant Toddler Social Emotional Assessment (ITSEA); and Laboratory Assessment of Temperament. Women with Borderline Personality Disorder had the most co-morbid conditions and evidenced the lowest response to treatment. Depression severity following treatment predicted infant emotion and behavior dysregulation. PD was associated with maternal negative affect & behavior and dyadic tension. Maternal trauma history was associated with quality of mother-infant interactions. Degree of improvement in interactions predicted regulation on the ITSEA at 24 months. Children of mothers with co-morbid anxiety showed more adaptive regulation capacities and slower reaction times to anger compared to children of mothers with co-morbid Borderline PD. These findings suggest the importance of differential treatment approaches focused on co-morbid conditions, trauma history and mother-infant relationships in the treatment of postpartum depression to reduce risk for adverse child outcomes.

Postnatal depression and beyond: dyadic challenge

Apter, G.¹, Devouche, E.^{1,2}, Garez, V.¹, Genet, M.-C.¹, Gratier, M.^{3,1}, Valente, M.¹, Tronick, E.⁴

¹ *Erasme Hospital, University Paris Diderot, Paris, France;* ² *Department of Psychology, University Paris descartes, Paris, France;* ³ *Department of Psychology, University Paris-Ouest, Paris, France;* ⁴ *Department of Psychology, University of Massachusetts, Boston, United States*

Psychiatric research has found depression to be strongly associated with DSM4 Axis II disorders. We set up a longitudinal study of infants during their first year of life, studying interactions of infants with mothers presenting postnatal depression (PND) as compared to mothers with and without personality disorders (PD). The part of the study presented here aims to investigate whether there is a greater incidence of PD, and specifically Borderline PD (BPD), among a PND population than among a non-PND population of mothers at 3 months postpartum.

Depression was assessed with the Montgomery and Asberg Depression Rating Scale and PD was assessed with the Structured Interview for *DSM-IV* Personality Disorders in 109 women with their 12-week-old infants. Twice as many depressed mothers had PD. The PND group presented a greater number of severe clinical symptoms than the nondepressed group. Infants of mothers with BPD and their mothers were more dysregulated than control infants and less able to overcome a stress than controls. These findings suggest that the infants and their mothers afflicted with

comorbid PD and PND are not functioning well early in infancy. Further research is necessary to reexamine the heterogeneity of PND and reassess its impact on infant development.

Reflective Functioning in nonclinical mothers and postpartum depressed mothers with and without comorbid Personality Disorder: Associations with infant attachment at one year

Cordes, K., Tharner, A., Smith-Nielsen, J., Katzenelson, H., Væver, M.S.

Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Studies have shown that Reflective Functioning (RF) is associated with infant attachment outcomes. The current study aims at examining the effect of RF on infant attachment in a sample of nonclinical mothers, and PPD-mothers with and without comorbid Personality Disorder (PD). 86 mothers were included in a longitudinal study two months postpartum (clinical group, $n = 30$), or in the third trimester (comparison group, $n = 56$). Depression and PD were assessed using EPDS and the clinical interviews. Infant-mother attachment was assessed at 13 months with the SSP. RF was assessed with the Reflective Functioning Scale. Results indicated that in the PPD and PD group, higher RF was related to higher resistant and disorganization score. In other words, in the group of combined psychopathological risk, but not in the nonclinical or only PPD group, high RF predicted insecure attachment. Data are currently coded to assess quality of mother-infant interaction. The findings support the idea that combined psychological risk, and not PPD *per se* might have negative effects on infant attachment status at 13 months. Results are discussed in regard to possible differences in the three groups in expressing RF representationally in an interview context and “on-line” in the interaction.

Postpartum depression and infant-mother attachment at one year: the impact of co-morbid maternal personality disorder

Smith-Nielsen, J.¹, Tharner, A.¹, Steele, H.², Cordes, K.¹, Væver, M.S.¹

¹ *Department of Psychology, University of Copenhagen, Copenhagen, Denmark;* ² *Department of Psychology, New School for Social Research, New York, United States*

Findings on effects of Postpartum depression (PPD) on infant-mother attachment have been contradictory. This may be due to not considering maternal interpersonal difficulties, for example co-morbid personality disorder (PD). We examined the role of PD in the association between postpartum depression and infant-mother attachment. Mothers were recruited either during pregnancy (non-clinical group, $n=56$) or eight weeks postpartum (PPD-group, $n=29$). Infants of mothers with PPD only or in combination with PD were compared with infants of mothers with no psychopathology. Depression and PD were assessed with questionnaires and clinical interviews. Infant-mother attachment was assessed when infants were 13 months using Strange Situation Procedure. Mothers with PPD were more likely to have co-morbid PD compared with non-clinical mothers. PPD was associated with attachment insecurity only if the mother also had co-morbid PD. Infants of mothers with PPD only did not differ from infants of non-clinical mothers. Our results suggest that PPD mothers, like any other clinical population, is a heterogeneous population and that co-morbid PD, may be crucial in understanding how PPD impacts on infant-mother attachment. Future research should focus on potential moderators of risk, as well as potential protecting factors when investigating effects of PPD on infant outcomes.

10:45 - 12:15 Symposium

Rivalry with fathers- why is it difficult for us to include fathers in parent-infant psychotherapy?

Moderator: Berg, A.

Department of Psychiatry, University of Cape Town and Stellenbosch
University, Cape Town, South Africa

Discussant: Hopkins, J.

Some Natural Reasons that Fathers are Sometimes Sidelined

Seligman, S.

USA

From 2 D to 3D: in need of a new developmental frame for Oedipus complex

Guedeney, A.

*Perinatal Child and Adolescent Psychiatry, GHPVS Bichat, Universite Diderot, Paris
Cité, Paris, France*

Freud has based his concept of infantile sexuality and Oedipus complex concept in boys on his famous observation of Little Hans. But relationships between young sons and fathers are indeed no more ambivalent or no less than between young sons and their mothers. Bowlby has beautifully criticized Freud's analysis of Little Hans's phobia, showing that Hans was in fact quite insecure with his mother and was very secure with his father. Sexual curiosity on difference of sexes arises as early as 18 months of age; moral development begins before oedipal rivalry has its peak and is therefore not a result of the Oedipus complex as stated in classic theory. Freud's Oedipus complex seems to be mostly based on his own neurosis. His description concerns mostly boys. What we do see with young children aged 2 to 3 years of age is a love affair, with both parents, when both are equally available and present. We do see a strong wish for exclusivity, for mastery, for domination and for submission, along with a strong sensuality. But wishes for death of the same sex parent or wishes for sexual contacts are part of a pathological repertoire and do not stem from the experience of the secure child. Recent advances between adult psychoanalysis and attachment theory show us the link between attachment insecurity and even more with attachment disorganization and oedipal fixations and ultimate sexual dysfunctions. Secure children and secure adolescents can explore the several faces of adult sexuality in a playful and creative manner. Daily clinical work reveals the caricaturist aspects of the Oedipus complex which generally stems from very inadequate parent infant early relationships. It is a family story, rather grim in most cases, with abuse and neglect, and attachment disorganization rather than a universal intrapsychic conflict.

Triangulation: Seeing the world in 3D.

Daws, D.

Child and Family Department, Tavistock Clinic, London, United Kingdom

In parent-infant psychotherapy we may work with 2 parents and their baby, perhaps an older toddler as well; often we find ourselves seeing just a mother and baby. There are many reasons for this; father is at work, mother needs time to talk by herself, or she says 'he doesn't like talking about the problems'. But why are we sometimes secretly relieved to work just with the mother-baby duo? In this symposium we look at the complexities of triangulation, at competition between therapists and fathers as to who understands the mother and baby best, of where the transferences lie. Elisabeth Fivaz-Depeursinge has pointed out that when babies interact with one

parent while having the other in mind, their minds will become structured for complex thought. Perhaps differences of opinion, though not hostility, between parents are essential for babies to experience them as separate people. If the link between the parents can be tolerated in the baby's mind, it allows a third position where the baby is a witness, not a participant. Similarly the therapist may have to tolerate being a witness, not a participant as the family endeavours to understand and repair the ruptures in their relationships. Are oedipal conflicts in the family thus mirrored in the therapist? Do we as therapists feel that we can offer a special relationship to the mother that is interrupted by the father's presence, that he takes away our place? Do we feel that we can manage the mother's views about her baby, but not take on the conflicting views of her partner? We often talk about who is the patient, the mother, the baby, or is it the relationship? Taking on the father as well, means that we ourselves are indeed able to see the world in 3D.

Recognising a father's stress: a NICU group for fathers

Thomson-Salo, F.

Centre for Women's Mental Health, The Royal Women's Hospital, Melbourne, Australia

Recognising the stress that fathers are under when their baby is in the neonatal intensive care unit, the director set up an innovative group - a fathers group. It is open to all fathers, run fortnightly at 6 pm for an hour or more and always has a male neonatologist leader, and myself as the infant mental health clinician. It is not a therapy group but set up to help with stress. When invited at the beginning to tell their story they almost immediately launch into an account of how traumatic they found the birth. It can be a powerful group with feelings of sadness, anxiety and anger expressed. One main theme is that some staff don't recognise how experienced fathers are in the care of their infant and so this may be offered to the mother first, whereas we see the fathers as equally needed and wanted by the infants. There have been changes in the leaders over the 3 years – the younger ones say it's helped them be more empathic to the fathers, the senior doctors seem to be more therapeutic in making a space quickly for the trauma rather than providing the information they think the fathers want. Fathers' feelings about the baby as a person are asked and the majority of fathers say 'from the beginning', with descriptions of the baby's personality. The mothers often want their partner to attend long before he is ready to. The majority of fathers come only once, perhaps as that is enough to debrief the trauma. Some come several times, partly to give back. The group could improve the quality of a father's engagement with their infant. A vignette will be given.

A baby needs his father, especially when the baby is sick: going out of our way to include the potentially excluded father

Paul, C.

Mental Health, Royal Children's Hospital and University of Melbourne, Melbourne, Australia

The relationship between a baby and her father can be profound from birth and before. It is often a very different relationship from that of the baby and her mother. The father-baby relationship is influenced by a myriad of phenomena and processes from the intrapsychic to the sociological and the biological. The newborn is part of a core triadic relationship: mother, father and baby, surrounding which are many other important relationships from grandparents to aunts and uncles, friends and other key relatives. What is true is that the father is not just a form of an inadequate mother. He is a different person with a different relationship with his baby. Sometimes this

relationship struggles to form in the face of a father's own anxieties, ghosts from the shadows of his own past and impediments in the healthcare and social context in which the family lives. There can be profound moments of meeting in the neonatal period between the baby and his father. The newborn baby arriving in the world with severe medical illness and all its complexities can throw the system around the couple and the baby into chaos. We need to look at new ways of working to engage the fathers of very sick babies. This presentation will draw on clinical work with infants and their fathers in the context of an acute paediatric hospital. Sometimes it is as if we believe the father was not even in the bed at the time of conception: as if he had no right to be present for his child. As professionals we can be very dismissive and avoidant of fathers in the cut and thrust of the life and death of a sick baby, just as we can be dismissive and avoidant of fathers of the well infant.

What if culture expects the father not be in the bed with mother and baby?

Berg, A.

Child & Adolescent Psychiatry, University of Cape Town and Stellenbosch University, Cape Town

The importance of the relationship between fathers and infants is increasingly being recognized in the growing field of neuroscience. In the process of becoming a parent a Father's brain undergoes similar changes to a mother's. Similarly, early contact between fathers and their offspring have been shown to enable a more secure attachment to develop (Lickenbrock et al, 2015)

These are modern findings, coming from urban samples in industrialized countries. We do not know whether these could be replicated in all cultural groups. We cannot even presume that the Oedipus complex as described by Freud is a universal psychic given – we need only think of a matriarchal society, such as exists in China, to make us wonder how this complex, were it to be there, be resolved. In my 18 years of working with mothers and infants in a community setting in South Africa there were not more than five fathers in our total sample of patients. This was thus not a question of kicking the father out of the bed – rather, he was never in it. There are layers to this phenomenon – cultural and historical – which require our attention. With increased awareness it may be made more possible to negotiate the divide between the demands of increasingly urbanized societies and deeply embedded ways of family relationships.

10:45 - 11:30 Workshop

The use of disaster recovery funds for professional development in infant and early childhood mental health: Lessons from the Keeping Babies and Children in Mind project in New Jersey, USA

Costa, G., Mulcahy, K., DiBella, A., Sullivan, L., Haddock, R.

Center for Autism and Early Childhood Mental Health, Montclair State University, Montclair, United States

Introduction: This workshop will introduce and discuss findings from the Keeping Babies and Children in Mind: Infant and Early Childhood Mental Health Professional Formation Program {KBCM}, originated and delivered by Montclair State University in New Jersey, USA through the use of federal disaster recovery funds after the impact of Superstorm Sandy in 2012.

Purpose of project: The KBCM program is a series of seven 3-hour workshops covering basic theoretical and practice-based concepts and competencies in infant and early childhood mental health, paired with the implementation of reflective practice groups. The project was funded by the New Jersey Department of Children and Families through a federal grant, and delivered to the half

of our state which was impacted by the superstorm. The curriculum aims to raise the floor of knowledge for multidisciplinary professionals who interact with children aged from pregnancy through age 8 years and their families, and to specifically address the impact of traumatic experiences, including widespread natural disasters, on infants, toddlers, young children and families.

Description of project: From 2013-2015, the KBCM project reached over 2,000 professionals in New Jersey, with approximately 500 of these having completed all 21 hours of the training program, and 100 having received at least 24 hours of group reflective practice consultation. Pre/post assessment of change in knowledge in 6 categories was collected. Paired t-tests demonstrated significance in change of knowledge in all categories ($p < .05$). Qualitative data obtained more than 90 days post-series completion demonstrated longevity of application of the learning and specific use in improving the lives of the families affected by Superstorm Sandy.

Conclusion: The KBCM program provides compelling evidence for the use of trauma/disaster recovery funds towards professional development programs in infant and early childhood mental health, and calls for policy makers to consider similar programming during future disasters.

11:30 – 12:15 Workshop

Cultivating Resilience in the Aftermath of the Great East Japan Earthquake

Watanabe, H.¹, Kikuchi, S.², Narui, K.³

¹ Life Development Center, Watanabe Clinic, Yokohama, Japan; ² Department of Pediatrics, Kikuchi Clinic, Koriyama, Japan; ³ Department of Outreach, Heartful Heart Cultivating Future for Fukushima, Koriyama, Japan

Introduction: The Great East Japan Earthquake of 11 March 2011 massively destroyed the coastal communities of Iwate, Miyagi and Fukushima Prefectures, yielding diverse trauma and loss. The extent and quality of damage vary according to the nature and geography of the sites. While in Iwate and Miyagi, the natural disasters of earthquake and tsunami have united people in grief and toil, in Fukushima, the natural and man-made complex disasters incurred an irretrievable damage from nuclear accident radiation emergency.

Aim: This workshop will present the past five years of struggle of the community professionals who tried to restore a normal life for infants, children and families in the disaster areas.

Description of the projects: Chair: Watanabe, H.

1) Little voices of Fukushima: Watanabe, H will present the voices of mothers in Fukushima in predicament of having to live after the nuclear plant accident with the challenge of protecting their young children.

2) Retrieving a New Normal for the Children of Fukushima: Kikuchi, S., the leader of the Koriyama Post-Disaster Child Care Project will present how he prevented PTSD in infants and children of Koriyama in Fukushima and built the largest indoor playground in the North Japan. While his activities have vitalized families, he combats the massive complex adverse effects of the radiation accidents on the children who face the challenge of having to live in a low-rate radiation contamination region.

3) Parent-child play and parent meetings for evacuee families living in ambiguous loss

Narui, K., the president of Heartful Heart Fukushima will present her rigorous outreach program to support families who fled from the radiation accident areas through her creative program.

Conclusion: The principles of infant mental health of holding and enhancing vital affect with the cultural mode of Amai were effective in cultivating resiliency in each afflicted family

10:45 – 11:30 Symposium

Mellow Bumps: An attachment based antenatal parenting programme. Implementation, facilitation and evaluation of a three year project in Scotland

Moderator: Puckering, P
Research & Evaluation, Mellow Parenting, Glasgow, United Kingdom

Discussant: Ibrahim, R
Project Coordination, Mellow Parenting, Glasgow, United Kingdom

Mellow Bumps: An attachment based group programme focusing on bonding with your baby and reducing anxiety and stress during pregnancy

Ibrahim, R.
Project Coordination, Mellow Parenting, Glasgow, United Kingdom

The basis for good health and development in later life is formed in the very early stages of development. The impact antenatal maternal mental health and wellbeing can have on the long-term behavioural and cognitive development of the offspring receives increasing recognition (loomans 2011). Conventional antenatal classes have limited evidence supporting their effectiveness and engagement. Women have highlighted the need for emphasis on the psychological aspects of pregnancy and childbirth (Barlow et al, 2009). Mellow Bumps is an antenatal programme, developed for women with additional and complex social care needs. It seeks to address the lack of antenatal engagement in high-risk populations (Puckering & Breustedt 2013). It is delivered two hours per week with women between 20-30 weeks gestation. The programme's emphasis is stress reduction during pregnancy and bonding with the baby, encouraging the formation of a secure attachment from birth. Topics discussed include reflective functioning, emotional self-regulation, relaxation, diet, stress, baby brain development and support. During the symposium I will share the programme's ethos and theoretical underpinnings; I will also discuss the programme's theory of change and share how over the past 3 years it has been supporting mums-to-be across Scotland through partnership between health, education and the voluntary sector.

Mellow Bumps: Can a six week intervention improve maternal mental well-being and confidence during pregnancy?

Patterson, K.
Research and Evaluation, Mellow Parenting, Glasgow, United Kingdom

Introduction: In order to assess the effectiveness of Mellow Bumps groups, Mellow Parenting has put evaluation procedures in place. This has resulted in a data set of pre and post measures for 119 participants from groups across Scotland since 2013. This presentation will share our findings.

Methods: Facilitators of Mellow Bumps administered the Adult Wellbeing Scale with participants before and after group participation. The AWS is a validated measure assessing levels of depression, anxiety, outward- and inward-directed irritability. Where required, facilitators were provided with additional training in administering questionnaires to ensure confidence. Measures were then sent to Mellow Parenting for scoring, along with qualitative feedback from participants and facilitators. Infant gestational ages and birth weights were also collected.

Results: On average, participants of the Mellow Bumps programme show significant improvements on all subdomains of the AWS ($n=119$, $p<.05$). The majority of infant gestational ages and birth weights are within the normal range. Qualitative feedback from participants

indicates increased social support, with services reporting increased uptake following Mellow Bumps groups.

Conclusions: Participants in Mellow Bumps groups show improved mental wellbeing at an important time for their infant's development. Qualitative feedback shows that participants and services find the group acceptable and beneficial.

Mellow Bumps: A facilitator's perspective

O'Neill, K.

Project Coordination , Mellow Parenting , Glasgow, United Kingdom

Mellow Bumps is an antenatal programme which aims to meet the emotional and social needs of pregnant women. The programme bridges the gap between physical and psychological care to provide a holistic approach. I am in the rare position of having worked in the NHS as a midwife before moving to the third sector to deliver Mellow Bumps programmes. During this symposium I will reflect on my experiences in both settings and on how each can complement the other. Having delivered Mellow Bumps in 5 settings, varying in geographical region and demographic make-up, I have witnessed the benefits of Mellow Bumps for mothers, in terms of health and wellbeing, social support and promoting relationships with their unborn babies. Reflecting on my experiences within the NHS and the third sector will allow me to compare both services, recognising the importance of both. Often the women who would benefit most from clinical antenatal services are the least likely to engage with them. It is my hope as a Mellow Bumps facilitator that providing a supportive and nurturing group for these women increases their confidence and in turn increases the likelihood that they will engage with further relevant services.

11:30 – 12:15 Symposium

Supporting early adult-child relationships: the importance of Emotional Availability across different interventions

Moderator: Porreca, A.

Department of Developmental and Social Psychology, University of Padua, Padua, Italy

Emotional availability during pregnancy among depressed mothers

Salo, S.¹, Flykt, M.², Biringen, Z.³, Mäkelä, J.⁴, Palosaari, E.², Punamäki, R.², Pajulo, M.^{5, 6}

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³ *Department of Human Development & Family Studies, Colorado State University, Fort Collins, United States;* ⁴ *National Institute for Health and Welfare, National Institute for Health and Welfare, Helsinki, Finland;* ⁵ *Department of Child Psychiatry, University of Turku, Turku, Finland*

⁶ *Academy of Finland, Academy of Finland, Helsinki, Finland*

Introduction: Maternal depression has been shown to compromise early emotional interaction, mothers' being less sensitive, more intrusive, and using less affectionate touch with their infants. The negative effects of maternal depression on children's development have been shown to start during pregnancy. The emotional relationship also starts to develop during pregnancy comprising 1) actual perception of being pregnant, 2) feeling the movements of the fetus, and 3) gradually developing a feeling of mutually interchanging dialogues between the baby and the mother.

However, the development of emotional availability has not yet been studied among depressed pregnant mothers.

Aims: The aim of the present study was develop a modification of Emotional Availability Scales (4th ed) to assess the sensitivity and non-hostility of pregnant mothers.

Methods: The study group consisted of 45 depressed mothers (gw M= 22, SD=3) screened from the well-baby clinics using EPDS (scores above 9/10). The study is a part of a longitudinal study assessing the effectiveness of early intervention (Nurture and Play- study project). Emotional Availability was assessed using 2 modified parent scales (sensitivity and nonhostility) using a semistructured protocol called the MIM (Marschak Interaction Method) where the mother is asked to perform various interactional tasks with the fetus (e.g., play a musical instrument to the child). To validate the modified EAS scales, AAI and PI were used during pregnancy. Also, the pregnancy EAS dimensions were used to predict Emotional Availability (4th ed) at 1 years.

Results: The preliminary results show meaningful concurrent associations between insecure attachment, low levels of reflective functioning and low level of emotional availability dimensions measured during pregnancy, as well as longitudinal relations to emotional availability measured at 1 year of age.

Conclusions: These results suggest that preventive work with prenatally depressed mothers focusing on the developing emotional relationship with the baby warrants clinical attention.

AMPLE: A brief perinatal attachment intervention for pregnant and parenting adolescents and their babies

Nicolson, S.^{1,2}, Salo, F.^{1,2}, Judd, F.^{1,2}

¹ Centre for Women's Mental Health, Royal Women's Hospital, Melbourne, Australia; ² University of Melbourne, Melbourne, Australia

Introduction: Infant attachment and subsequent development are at-risk in adolescent parenthood. Affordable interventions are therefore important and routine perinatal care offers an intervention opportunity.

Aims: To determine whether a new, brief, attachment intervention for pregnant adolescents and their partners at a metropolitan maternity hospital, might be associated with a better quality mother-infant relationship at infant age 4 months.

Methods: The intervention consisted of two sessions: one antenatal and one neonatal. The antenatal group session used film clips to show the capacity and efforts of newborn babies to connect with their parent. The neonatal individual intervention helped parents see these social capacities and efforts in their own infant. The intervention aimed to give parents a sense of their baby as a person they may not otherwise have, and to increase their enjoyment of new parenthood. Ninety-seven pregnant adolescents were recruited. Fifty control group recruits received usual maternity care and were compared with 47 intervention group recruits who were offered usual care plus the AMPLE intervention. Data were collected in pregnancy and at infant age 4m. Videotaped interaction was blind-coded using the 'Emotional Availability Scales' 4th Edition. Data were analysed for between group differences.

Results: Retention rates were high, suggesting the new intervention was acceptable. The intervention group showed better Emotional Availability. There were differences in several EAS subscales. Discrimination between groups was enhanced by inclusion of a 2-minute separation-reunion episode at the end of 20 minutes' free play. Brief video clips of adolescent mother-infant 'play plus separation- reunion' episodes will be shown.

Conclusions: This 2-session intervention appears to make a meaningful difference to young parents and infants. The AMPLE intervention is currently being piloted in manualised format. The value of the EAS 4th Ed as an intervention evaluation tool will be discussed.

Intervening on dyads with drug addicted mothers: the contribution of a residential community program in improving dyadic emotional availability

Porreca, A.¹, De Palo, F.^{2,1}, Capra, N.², Simonelli, A.¹

¹ *Department of Developmental and Social Psychology, University of Padua, Padua, Italy;*

² *Therapeutic Community "Casa Aurora", Comunità di Venezia s.c.s, Venice, Italy*

Introduction: An increasingly larger amount of literature points out the detrimental effects that drug addiction can have both on parenting practices and child development. These dyads seem often characterized by dysfunctional early mother-child interactions which have often been associated to later developmental difficulties. Prompt interventions focused on the relationship seem, thus, necessary to prevent from later undesired outcomes.

Method: The research aimed to assess the effectiveness of a residential community program in improving the quality of the dyadic relationship in a group of drug-addicted mothers and their children prenatally exposed to drugs. Since from admission in Therapeutic Community, the 25 dyads, with children aged between 2 and 24 months, were evaluated every three months during the first 15 months of stay in the facility. 20-minutes free play interactions were videotaped and assessed through the 4th edition of the Emotional Availability Scales (EAS - Biringen, 2008), six scales aimed at evaluating the global affective quality of adult-child emotional exchanges.

Results: The results were controversial. Although there were changes in dyadic interactions, these changes seemed to be characteristic only of specific EA dimensions. Moreover, different patterns of mother-child emotional availability resulted associated with different patterns of change, suggesting that improvements resulted more difficult for the dyads that exhibited more difficulties at the beginning of the treatment.

Conclusions: Addicted mothers and their children are at higher risk for experiencing difficulties during everyday interactions. Anyway an adequate sustain provided to the relationship could buffer interactive mismatches, enhancing parenting abilities and favoring better affective regulation. This research provides evidence of the possibility to partially support early mother-child interactions in drug-addicted mothers through a residential community program.

FIRST STEPS – an early prevention program for children with an immigrant background

Lebiger-Vogel, J.¹, Leuzinger-Bohleber, M.^{1,2}, Busse, A.^{1,2}, Fritzemeyer, K.¹, Rickmeyer, C.¹, Walther, A.¹

¹ *Sigmund-Freud-Institut, Frankfurt am Main, Germany;* ² *Department of Educational Science, University of Kassel, Kassel, Germany*

Introduction: The integration of children with an immigrant background is one of the most urgent social responsibilities in Germany. They are more likely to live in high-risk environments and are disadvantaged educationally. Integration is not only a matter of language but also of earlier developmental processes connected to adequate early parenting.

Methods: FIRST STEPS focuses on earliest prevention for children with an immigrant background, supporting their parents in the critical phase of migration and early parenthood. In a prospective randomized comparison group design the effectiveness of a psychoanalytically oriented prevention program is compared to the outcomes of groups offered by paraprofessionals. 229 families were randomly assigned to either of them and are supported during the first three years of their children's lives. Social and family stressors, the quality of the parent-child-interaction, child attachment security, the affective, cognitive and social-emotional development of the children and the social integration of the families are assessed.

Results: The project is still on-going and aims at evaluating the implementation as well as the short- and long-term effectiveness of the psychoanalytically oriented intervention compared to the outcomes of the comparison group. First preliminary results show that FIRST STEPS is accepted by these “difficult-to-reach” immigrant families and indeed can support early parenthood in migration. Sociodemographic sample characteristics and baseline findings on the quality of the parent-child-interaction, using the Emotional Availability Scales (EAS), will be presented, expecting comparably low values but no significant differences between the participants in the two compared conditions at the beginning of their group attendance.

Conclusions: Our results suggest that professionally supported good early relationship experience improves the social integration of immigrant “at-risk” families. Additionally anticipated is, that supporting the earliest parent-child-interactions and parenting capacities, will have a positive impact on the quality of the parent-child relationships and on children’s socio-emotional and cognitive development.

10:45 - 12:15 Brief Oral Presentations

Infants and the Evolution of Families

Facilitator: Raphael-Leff, J.
South Africa

Building ‘islands of secure attachment’ with parents - an effective path for Reducing child maltreatment

Knei-Paz, C.
Welfare department, Child Parent therapeutic center, Nethanya, Israel

Both research and field work have shown that child maltreatment is highly correlated with the immediate environment of the child, especially the child’s main attachment figures and the social-economic surroundings in which the child is brought up. This presentation aims to introduce the concept of ‘Defeated Parentage’, referring to parents living in extreme distress who suffered as children from adverse childhood experiences and trauma and whom could not rely on secure attachment figures. As a result, they continue the cycle of maltreatment, not capable of becoming a secure attachment figure for their child and exposing him/her to additional trauma and conflict. The work being done with ‘Defeated Parents’, at the ‘Parent – Child’ center in Israel, a therapeutic center for parents and their children, referred by the welfare agency will be described and illustrated. The focus of intervention at the center is aimed at creating: ‘Islands of secure attachment’ between therapist and parent. Diverse interventions, some concrete and some emotional by the therapist, help to establish a secure base with the parent, in order to promote positive experiences between the parent and the child. Emphasis is placed on the capacity of parents to change in order to secure the child’s healthy development. These interventions are meant to create a novel, positive experience for parents in contrast to past attachment ties the parent experienced as a child. This approach also seeks to discover the ‘angels’ that accompanied the parent through bad experiences and that can create the compassion necessary for a trans-generational reduction of child maltreatment. Interventions are also aimed at improving the family’s safety, employment and housing keeping in mind that parents lacking financial and other resources cannot do well in taking care of their children.

Differences in coparenting behaviors and perceived support between the parents in families of boys and girls

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¹ Faculty of Psychology and Educational Sciences, University of Geneva, Geneva, Switzerland;

² Department of Psychiatry, University of Lausanne, Lausanne, Switzerland

‘Ethics of coexistence’

Raphael-Leff, J.^{1,2}

¹ Psychoanalysis, Anna Freud Centre, London, United Kingdom; ² Psychology, Stellenbosch University, Cape Town, South Africa

Introduction: This conference explores issues of ‘*conflict, adversity and resilience*’. Tensions of conflict and geographical dislocation often induce splitting—polarized ‘us/them’ conceptual frameworks that generate vicious cycles of vengeful intolerance, projections, stereotyping, discrimination and attacks, with both oppressors/oppressed hosts/migrants dehumanising the other. Conversely, ownership of one’s contradictory feelings is the hallmark of healthy psychic life. Resilient coping strategies promote shifting viewpoints and mutual comprehensibility.

Purpose: Universally, across divides of sex, culture, race, religion, class, territory, etc. the human family shares a common origin—as tolerated guests in an ambivalently-hospitable mother’s womb. Two radical forms of ambivalent self-other coexistence serve as ethical paradigms—*pregnancy’s* competitive system of two-in-one-body—and *parenting’s* space-sharing inter-dependence, where close cohabitants can rapidly become persecutory strangers.

Description: Fifty years of psychodynamic therapeutic work, research, and cross-cultural consultations with expectant/mothers, fathers and their young babies across the world reveals many diverse parental orientations in managing perinatal emotions. Although Western ideology disavows maternal ambivalence, emotional micro-dynamics show that mixed positive/negative feelings are inevitable when moralities of Care and Self-Preservation clash. Passions range from generous altruistic responses to defences against intrusion, sleep-deprivation, career erosion, enslaved exploitation and/or ‘contagious arousal’ of revisited helplessness, anxiety, shame, guilt. Similarly, research shows that while primed for cooperation and empathy, babies too experience despair, outrage, frustration, and rivalrous impulses. Chronic exposure to maltreatment amplifies stress-induced fight/flight/freeze defensive systems. Conversely, authentic embracing of loving/hostile feelings (vs. idealisation or projecting split-off ‘bad’ parts) by parents increases their multifaceted resources, thereby enhancing the infant’s affective repertoire and capacity to switch perspective, with compassionate concern even towards strangers.

Conclusions: Good parenting (like resilience under adversity), is associated with flexible adaptability, tolerance, and sensitive repair. Crucially, perinatal practitioners who promote greater parent-infant acceptance of mixed feelings stimulate a respectful domestic ‘ethics of coexistence’ which may generalise outward into public space.

The impact of stress and coping style on educational involvement among fathers to children with special needs in inclusive education

Lavan, A., Shamo-Nir, L.

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Recently, has increased the research interest in modern fatherhood especially, the increasing involvement of fathers in the family. However, there is a little research evidence on fathers to children with special needs. Therefore, the purpose of this study was to examine the effects of stress and coping style on involvement in school among fathers to children with special needs in

inclusive education. We compared the fathers to children with special needs (N=72) with fathers to non-special needs children (N = 75), and found that higher stress levels, greater educational involvement and greater use of social support coping style, were found among fathers of children with special needs. In addition, mission coping style and emotional coping style predict involvement in the school and emotional coping style also predicts high levels of stress. The above findings contribute to the investigation of changes in the perception of the role of fathers and their involvement in their children's lives especially, among fathers to children with special needs. From the applied aspect, the findings may increase the understanding of the role of fathers and their unique contribution to the social, emotional and academic development of their children.

A longitudinal study from infancy to 16 years of age showing variables of stability in family communication

Hedenbro, M.

Department och Child and Youth Health, Karolinska Institute, Stockholm, Sweden

Introduction: To understand child development, the triad and the different systems within the triad is important to observe. The Lausanne Triologue Play has been used as the major method in this longitudinal study. The interaction has been analyzed with the measurement for alliances; Organisation, participation, joint focus and emotional engagement. To understand the micromoments in the interaction CPICS (Child-Parent-Interaction-Coding –System) was used.

Aims: To investigate child-mother-father communication prospectively from children's age 3–48 months and how such communicating correlates to peer and social competence at the children's age of 4 and 16 years.

Method: 20 families with their first-born babies have been part of a multicenter study. They were videotaped in Lausanne Triologue Play situations (child-mother-father interactions) when the children were 3, 9, 18 and 48 months and 16 years of age. The findings were related to the preschool teachers' assessments of children's peer and social competence at 4 years of age and to the teachers' assessment of prosocial behavior and peer problems at 16 years.

Results: Parents' responsiveness and the child's capacity to initiate (make contributions to) turn-taking sequences in the family triad early in life correlated to the child's later peer and social competence. At the age of 3 months, the child's contributions in the triadic interaction were interpreted by the parents as "intentional communication". According to the preschool teachers' assessments, children who initiated turn-taking-sequences at 9 months of age had better peer competence ($p=0.008$) and social competence ($p=0.028$) at 48 months. At 16 years of age prosocial behavior correlated with social competence and peer problems correlated negatively with peer competence.

Conclusion: The results indicate opportunities how to stimulate children's later social competence and that a Lausanne Triologue Play situation can be used to identify competent children and children/families with communicative deficits.

GXE interaction on the explanation of maternal sensitivity: is there a plastic role for 5-HTTLPR?

Baião, R.¹, Fearon, P.², Belsky, J.³, Pinto, R.¹, Carneiro, A.¹, Baptista, J.¹, Teixeira, P.⁴, Soares, I.¹, Mesquita, A.¹

¹ School of Psychology, University of Minho, Braga, Portugal; ² Department of Clinical, Educational and Health Psychology, University College of London, London, United Kingdom;

³ Department of Human Ecology, University of California, Davis, CA, United States; ⁴ School of Health Sciences, University of Minho, Braga, Portugal

In light of recent research revealing the role of the 5-HTTLPR polymorphism, particularly in relation to parenting behaviour, the present study aimed to examine the relation between psychosocial environment and maternal sensitivity moderated by maternal 5-HTTLPR genotype. Participants were 217 mothers and their pre-school children, from a community sample. Psychosocial information was obtained from mothers according to the presence of risk factors (low maternal education, monoparental family, unemployment and teenage pregnancy) or protective factors (no chronic health conditions in the family living with the child, social support given by family or friends, no experience of work instability). Based on these variables, 4 different groups of mothers were created (High risk – Low protection; High risk – High protection, Low risk – Low protection and Low risk – High protection). Maternal behaviour was assessed using Ainsworth's scales of sensitivity (Ainsworth, Bell, & Stayton, 1974). Maternal saliva was collected with OraGene kits for genetic analysis. ANCOVA analyses were performed addressing the role of psychosocial environment on maternal sensitivity moderated by maternal 5-HTTLPR genotype with maternal age as a covariate. Results suggest that ss carriers mothers are more sensitive to environment showing the lowest and highest levels of sensitivity, when experience the better and the worst psychosocial conditions. In contrast, the presence of at least one long allele of the 5-HTTLPR genotype shows low levels of plasticity to environment, with these mothers displaying similar levels of sensitivity independently of the psychosocial conditions. These findings will be discussed in terms of the relevance of both genetic and environmental variables for the quality of maternal caregiving, and its possible implications for child development.

Predicting late childhood success in low-income families: A longitudinal study of early parental caregiving and child attentional regulation

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¹ National Catholic School of Social Service, The Catholic University of America, Washington, DC, United States; ² Professional Development, Zero to Three, Washington, DC, United States

Introduction: Attachment theory explicates that the quality of early parental caregiving can affect children's regulatory capacities and later adult relational functioning. Positive interactions between young children and their caregivers have been linked to later cumulative success (Raby, Roisman, Fraley, & Simpson, 2014). Parental practices, such as sensitivity and responsivity to a child's cues, creating a stimulating home environment, and style of discipline, shows that caregiving practices influence children's attention regulation at pre-kindergarten (Razza, Martin, & Brooks-Gunn, 2010) and children's later childhood social-emotional success (Pagani, Fitzpatrick, & Parent, 2012) and academic success (West, Matthews, & Kerns, 2013), including for at-risk children from low income families (Razza et al., 2012). However, little information exists on the longitudinal relationship among early parenting, young children's attentional competencies, and children's later cumulative success in middle childhood.

Study Aims: To explore longitudinal variable relationships between early parenting at 36-months with child sustained-attention at 60 months, and the overall cumulative social-emotional and academic success of children in grade-5.

Methods: Using a correlational longitudinal-design with a secondary data analysis of 2977 young children enrolled in federally funded Early Head Start and Research Evaluation during 1996-2010, structural equation model (SEM) estimates variable relationships.

Results: Findings revealed a worthy SEM (Chi-square (df=10)=11.486, $p=.321$; CFI=0.999, NFI=0.992, TLI=0.996, RMSEA=0.007), addressing 14% of variance in child cumulative success at grade-5. Child attention at 60-months partially mediated home-stimulation at 36-months, and fully mediated parental supportiveness at 36-months onto child later success. Parental discipline at 36-months had a direct relationship to later childhood success.

Conclusions: Addressing early parenting practices for home stimulation, supportiveness, and discipline with young children's attentional competence has a significant contribution to their later developmental success, and thus become crucial to identifying intervention pathways that challenge children's development.

10:45 - 12:15 Workshop

Beyond the dyad: Factors determining referral to Reflective Family Play versus dyadic treatment

Philipp, D.A¹, Cordeiro, K.², Hayos, C.¹, Drandic, A.³

¹ *Hincks-Dellcrest Centre, University of Toronto, Toronto, Canada;* ² *Psychology, York University, Toronto, Canada;* ³ *Psychiatry, University of Toronto, Toronto, Canada*

Introduction: Reflective Family Play (RFP) is a manualized, family intervention designed for the infant and preschool population. As with traditional treatments for this age group, it is play-based and targets parental sensitivity and attunement. However, unique to this modality, it allows clinicians to address coparenting concerns, the family alliance, as well as sibling issues directly within the treatment setting. Both parents (or caregivers) and any siblings participate in sessions together, providing a venue and containment for semi-structured family play, observation and reflection.

Purpose of the work described: The aims of this project are twofold. First, we will illustrate the basic concepts and structure of RFP using clinical vignettes and video footage from sessions. Second, preliminary data on the model will be presented.

Description of the work or project: A case series study is being conducted to examine characteristics of families referred for RFP. Presenting concerns as well as family characteristics and treatment outcomes are compared between 21 families referred for RFP and 28 families who were referred for Watch Wait and Wonder (dyadic) treatment. Additionally, using a qualitative design, clinician notes were reviewed for those families who received RFP. Major therapeutic themes that emerged across sessions were coded. Results will be presented in a clinically informed format. Recorded vignettes of sessions will be used to illustrate both the course of treatment as well as which families might benefit from RFP as an alternative to traditional treatments currently available.

Conclusions: RFP is a relatively new, manualized whole family treatment unique in its field. It allows clinicians to work directly with the emerging family system. Preliminary data clarify when this treatment would be best indicated. Outcomes of treatment demonstrate changes that occur within the family system associated with improved outcomes.

10:45 – 12:15 Symposium

Booksharing to improve infant and child development

Moderator: Tomlinson, M.

Psychology, Stellenbosch University, Stellenbosch, South Africa

A meta-analysis of RCTs on the impact on child language of parental training in book-sharing

Dowdall, N.¹, Murray, L.², Cooper, P.J.²

¹ *Social Policy and Intervention, Oxford University, Oxford, United Kingdom;* ² *Psychology, University of Reading, Reading, United Kingdom*

Interventions that train parents to share books with their children are seen as one potential strategy for improving child language development. A meta-analysis was conducted to assess the impact on child language outcomes of interventions to improve shared picture book reading by parents. Searches were conducted in June 2015. Studies were eligible if (i) they were randomised controlled trials of book sharing interventions, (ii) they targeted parents or primary caregivers, (iii) they included children between the ages of 1-6 years, and (iv) they reported at least one measure of child language. Titles and abstracts of 3,919 non-duplicate studies were screened for eligibility. 73 full text articles were reviewed in detail, yielding a final set of 12 RCTs that met the inclusion criteria. The pooled analysis revealed strong evidence that interactive book sharing improved expressive vocabulary ($p < 0.001$; $d = 0.57$) and receptive vocabulary ($p < 0.001$; $d = 0.26$). While the evidence of effectiveness across a variety of settings is promising for scale, certain shortcomings in the evidence were identified: few studies reported on implementation fidelity, there is limited evidence for duration of effects, and there is a need for more research in LMIC settings where the greatest impact could, arguably, be realised.

The Khayelitsha RCT of book-sharing training: impact on child language and attention

Cooper, P.J.¹, Vally, Z.¹, Tomlinson, M.², Murray, L.¹

¹ *Psychology, University of Reading, Reading, United Kingdom;* ² *Psychology, Stellenbosch University, Stellenbosch, South Africa*

Dialogic book-sharing is an interactive form of shared reading that has been shown to benefit child intellectual development in high income countries. Evidence for such benefit in low and middle income countries (LMICs) is scarce. We conducted an RCT to establish the impact on child language and attention of providing training in dialogic booksharing to carers of infants in an impoverished South African community. Ninety one mother and their 14-16 month old infants were recruited and randomized to the intervention group ($n = 49$) or a no intervention control group ($n = 42$). The intervention consisted of eight weekly group (4 to 5 dyads) sessions of manualised training involving a didactic session, video demonstrations, modeling, and brief one to one guidance. Families took a book home to share each week. On a standardized maternal report of infant language there were substantial gains in both receptive and expressive language ($p < 0.001$, $d = 0.50$, and $p < 0.001$, $d = 0.98$ respectively). Intervention group children also showed greater gains on a measure of sustained attention ($p < 0.001$; $d = 1.10$). The training programme is simple and inexpensive to deliver and has the potential to benefit child cognitive development in LMICs where such development is commonly compromised.

The Khayelitsha RCT of book-sharing training: impact on parenting and child socio-emotional functioning

Murray, L.¹, Vally, Z.¹, Tomlinson, M.², Cooper, P.J.¹

¹ *Psychology, University of Reading, Reading, United Kingdom*; ² *Psychology, Stellenbosch University, Stellenbosch, South Africa*

We investigated whether the cognitive benefits of the book-sharing intervention in the Khayelitsha study were explained by improvements in carer-infant interactions in both book-sharing and non-book-sharing contexts. We also explored whether infant socio-emotional development benefitted from book-sharing. Independent assessments were made of carer-infant interactions during book-sharing and toy play at base line and follow-up. At follow-up only, assessments were made of infant pro-social behaviour in a help task, and imitation of doll characters' functional non-social actions, as well as an affectionate interpersonal interaction. Eighty-two carer-infant pairs (90%) were assessed at follow-up. Carers who received the training showed significant improvements in book-sharing interactions (sensitivity, elaborations, reciprocity – d ranging between 0.7 and 0.8), and, to a smaller extent, in toy-play interactions (sensitivity – $d=0.6$). Infants in the intervention group showed a significantly higher rate of pro-social behaviour ($p=0.04$), and a tendency to show more frequent imitation of the affectionate interpersonal engagement ($p<0.07$). Improvements in carer behaviour during book-sharing, but not during toy play, mediated intervention effects on all infant cognitive outcomes, and showed some mediation of intervention effects on infant interpersonal imitation. Book sharing shows promise for improving infant socio-emotional outcomes, even in the LMIC context. Benefits are mediated by improvements in carer-infant interactions, particularly in book-sharing contexts.

Integrating Early Childhood Care and Development, HIV testing and treatment support, and nutrition into rural informal nursery care in Mokhotlong, Lesotho: A randomised control trial

Tomlinson, M.¹, Skeen, S.¹, Marlow, M.¹, Cooper, P.J.², Murray, L.², Cluver, L.³, Sherr, L.⁴

¹ *Psychology, Stellenbosch University, Stellenbosch, South Africa*; ² *Psychology, University of Reading, Reading, United Kingdom*; ³ *Social Policy and Intervention, Oxford University, Oxford, United Kingdom*; ⁴ *Psychology, University College London, London, United Kingdom*

The aim of the overall project is to develop and evaluate a programme to deliver a booksharing intervention and to integrate this with HIV testing and treatment services, and nutrition for caregivers with children aged 1-5 into rural communities in Mokhotlong, Lesotho. The project has been developed in collaboration with NGOs, Ministry of Education and Training (MoET), Ministry of Health (MoH) and communities in Mokhotlong. It has culturally adapted the latest available evidence of effective programmes in HIV testing and treatment outreach, family-based parenting programmes including nutrition to fit with the local population. The project is being funded by USAID. The book-sharing programme makes use of both group and individual one-on-one sessions. The evaluation will use a cluster randomised controlled trial design with delayed roll-out of the intervention for control families. Pre-test baseline data will be collected, with follow-up at post-test, and one year post-intervention. We will present preliminary findings of the implementation of this integrated trial in a rural site in Lesotho.

10:45 – 12:15 Symposium

Family social context and prematurity influence behavioural regulation and brain development

Moderator: Bilgin, A.

Department of Psychology, University of Warwick, Coventry, United Kingdom

Discussant: Wolke, D.

Department of Psychology, University of Warwick, Coventry, United Kingdom

Maternal caretaking and child's early self-regulation capacity in two different risk samples: Children born very preterm and Children of mothers with prenatal mood disorders

Korja, R., Karlsson, L., Lahtela, H., Stolt, S., Nolvi, S., Karlsson, H., Haataja, L., Lehtonen, L.

Department of Clinical Medicine & Department of Psychology, University of Turku, Turku, Finland

Introduction: The early biological and environmental markers of the development of child self-regulation capacity are not clearly identified.

Aim: The aim of this study is to evaluate maternal caretaking behavior and child's early regulation capacity in two different representative risk populations: preterm children and children of mothers with prenatal mood disturbances.

Method: The sample consisted of low birth weight children ($n=47$), their controls ($n=49$) and prenatally stressed children, ($N=50$). The regulation capacity of preterm children has been evaluated using Baby Day Diary at term, at 6 weeks and at 5 months. The mother-infant interaction is video recorded at 6 months and at 24 months. Pre- and postnatal mood have been assessed from the beginning of the pregnancy repeatedly until 3 years. Temperament measures are used at 6 months, 12 and 36 months. Mother-infant interaction situations in both samples will be analyzed using Emotional Availability Scales.

Results: Preliminary findings showed that child's temperament correlated with maternal sensitivity and child's responsiveness in the group of mothers with mood symptoms ($r=.39$, $r=.41$, $r=.71$).

Conclusions: Findings of the relations between child's regulation capacity and maternal caretaking behavior in two risk samples are presented in detail and in the larger study samples.

Prematurity, parenting and multiple regulatory problems: Associations to emotion regulation and hyperactivity/attention problems at 18 months

Bilgin, A., Wolke, D.

Department of Psychology, University of Warwick, Coventry, United Kingdom

Introduction: Both prematurity, parenting and multiple regulatory problems have been shown to influence emotion regulation and hyperactivity/attention problems of infants. However, it is not clear which factor has the most important impact and how they might influence each other.

Aims: To investigate the association between prematurity, parenting and multiple regulatory problems across infancy and their impact on emotion regulation problems and hyperactivity/attention problems at 18 months.

Methods: The sample with complete longitudinal data comprised of 73 VP/VLBW and 105 FT infants and their caretakers. Maternal sensitivity and multiple regulatory problems were assessed at term, 3 and 18 months. Emotion regulation and hyperactivity/attention problems scores were assessed at 18 months.

Results: Two path models were specified which had an extremely good fit with the data: RMSEA=.01, CFI=.99 for emotion regulation problems and RMSEA=.01, CFI= 1.00 for hyperactivity/attention problems. Commonly in both models, multiple regulatory problems had a

significant impact on emotion regulation and hyperactivity/attention problems at 18 months. There was little evidence of multiple regulatory problems and maternal sensitivity influencing each other over time.

Conclusions: Maternal sensitivity had little influence on regulatory problems and effects on behaviour and emotional problems were mainly indirect.

Influence of early neurological risk and family social context on the cognitive trajectories of very preterm and typically developing children

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Introduction: Less attention has been given to the mechanism/s by which neurological and family social processes combine to predict cognitive outcome.

Aims: To examine the contributions of child sex, early neurological abnormalities and family social risk to later cognitive development over age/time.

Methods: Data were drawn from a prospective longitudinal cohort study of 110 very preterm (≤ 32 weeks gestation) and a comparison group of 113 full-term children. General cognitive functioning was assessed at repeated intervals (corrected ages 4, 6, 9, and 12 years). White matter abnormality severity was assessed qualitatively from neonatal MRI and family social risk assessed using a composite measure.

Results: Growth curve modelling revealed relatively stable cognitive trajectories across childhood in both group, with no evidence of increasing or decreasing cognitive problems for very preterm children. Girls' initially outperformed boys but this difference diminished with age. Both early cerebral white matter abnormalities ($p < .001$) and family social risk ($p < .05$) combined additively to impact cognitive outcome.

Conclusions: Cognitive functioning of both very preterm and typically developing children is relatively stable and influenced by both early neurological development and the childrearing environment.

Early parenting predicts more organised and mature white matter in the brains of children born very preterm

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Introduction: Previous research has shown that warm, sensitive and synchronous parenting is predictive of better outcomes for children born VPT. While it is assumed that this relationship reflects the effect that parenting has on brain development, this has not been adequately studied.

Aims: To examine the relationships of sensitive and intrusive parenting and parent-child synchrony assessed at 2 years with microstructural organisation of the white matter in the brains of children born VPT at 7 years.

Methods: Participants were 112 VPT children and their mothers. At 2 years, parent-child interaction was assessed and coded for the following: parent positive and negative affect, sensitivity, facilitation, intrusiveness and parent-child synchrony. At 7 years, microstructural organisation of the major white matter tracts in the brain was investigated using diffusion tensor imaging and tract-based spatial statistics.

Results: More sensitive parenting and greater parent-child synchrony were associated with more mature microstructural organisation of the white matter. More negative, intrusive parenting was associated with less organised white matter microstructure.

Conclusions: These findings suggest early parenting has a significant role in brain development, providing support for parent-based interventions in high-risk infants.

10:45 - 11:30 Video Presentation

Qualities of infant interaction following cardiac surgery

Re, J.M.¹, Menahem, S.^{2,3}, Guedeney, A.^{4,5}

¹ Psychiatry Department, Monash University, Melbourne, Australia; ² Department of Paediatrics, Monash University, Melbourne, Australia; ³ Paediatric Cardiology Unit, Monash Medical Centre, Melbourne, Australia; ⁴ Child and Adolescent Psychiatry Department, University Diderot, Paris-Cité, France; ⁵ General Hospital Psychiatry, GHPVS Bichat APHP, Paris, France

Introduction: It is rare to have video footage of mothers and their very sick infants. The clips to be presented are drawn from a study exploring the experiences of mothers and infants when the infants had been diagnosed with serious congenital heart disease (CHD). Infant Social Withdrawal was one of the infant domains investigated.

Aims: 1. To identify and describe any special qualities of infant interaction including social withdrawal in these vulnerable infants. 2. To compare vignettes between different infants of the same age and the same infant at different ages. 3. Infant-stranger and infant-mother interactions compared.

Description: The infants had major surgery for congenital heart disease in the early weeks of life. There will be two scenarios under consideration with infants at two different ages. In one setting, video clips of 2 month-old & 9 month-old infants interacting with their mothers in a moment of free play will be presented. In the other, the infants are seen interacting with the researcher during the Bailey Screening Test.

Conclusions: Infants having a serious medical condition and the experience of their mothers may be further understood by examining these video vignettes. A discussion will be led to explore the implications that might be drawn for understanding infants' experiences.

11:30 – 12:15 Video Presentation

Infant withdrawal and maternal distress following cardiac surgery

Re, J.M.¹, Menahem, S.^{2,3}, Guedeney, A.^{4,5}

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Introduction: In a study exploring the experiences of mothers and infants when the infants had been diagnosed with major congenital heart disease (CHD), we found very high rates of Infant Social Withdrawal (ADBB) and a correlation with self-reported maternal distress and depression (EPDS).

Aims: 1. To compare video clips in which the mother has high levels of self-reported distress and her infant is withdrawn, and clips where mother has low levels of distress and her infant is not withdrawn. 2. To explore in what ways maternal distress (as had been identified in the mothers' self-reports) may be evident in interactions with their infants.

Description: The infants had major surgery for congenital heart disease in the early weeks of life. Video clips of withdrawn and not withdrawn 2 month-old & 9 month-old infants will be shown interacting with their mothers in moments of free play.

Conclusions: Very sick infants elicit distress in those close to them.

What can these mothers and infants teach us about resilience and vulnerability in extraordinary circumstances?

10:45 – 11:30 Symposium

ACEs in Alaska: A case study on shifting a state's infant mental health agenda

Moderator: Pittz, S.

All Alaska Pediatric Partnership, Anchorage, AK, United States

Introduction to the campaign for early childhood mental health in Alaska

Hirschfeld, M¹, Ben-Yosef, T.²

¹ *Maternal Child Health Services, Alaska Native Medical Center, Anchorage, AK, United States;*

² *Executive Director, All Alaska Pediatric Partnership, Anchorage, AK, United States*

Beginning three years ago, a group of Alaskan organizations and individuals began to implement the ecological model of public health in order to raise statewide awareness of the relevance and importance of focusing on early childhood development to improving population health in Alaska. These efforts were spurred by the knowledge that Alaskans as a population are at much higher risk for many behaviors that are associated with poor health outcomes, including an increased risk of suicide, sexual abuse, alcoholism, smoking, and others. This awareness campaign highlighted early childhood as a critical period for brain development, as well as the importance of epigenetics in the possible permanent changes in stress-related responses by children who have been exposed to prolonged stressful environments. In addition, these ongoing educational efforts include highlighting several communities already implementing trauma-informed and evidence-based practices and programs to improve family wellness, with a focus on families with young children. Coinciding with the ecological model work, the Alaska Mental Health Board sought to quantify the Adverse Childhood Experiences (ACEs) in Alaska's adult population and used the data as a predictive measure of poor health outcomes. Similar to the known poor health outcomes above, the Alaska results indicated significantly higher ACE scores compared with other U.S. states. Thus, with the known link between ACEs and poor health outcomes, a small group of public speakers was formed to travel throughout Alaska to begin to educate organizations, communities, and the public about the practical importance of ACEs as a way to address early child mental health and family wellness and to significantly affect the long term population health of Alaska.

Economic costs of adverse childhood experiences in Alaska

Sidmore, P.

Alaska Advisory Board on Alcoholism & Drug Abuse, Alaska Mental Health Board, Anchorage, United States

Adverse childhood experiences (ACEs) provide a framework for addressing a slew of pressing issues Alaskans face in both public and private realms. Alaska's population experiences high rates of health and social problems, including child abuse, suicide, rape, accidental death, low academic achievement, and substance abuse. Historically, costly programs geared at addressing these issues focused on patients' behaviors and conditions rather than on root causes or the effect

trauma had on patients' mental health development. A broad coalition of interested groups requested and funded an 11- question survey added to an existing health, social and economic survey allowing for cross-tabbed analysis. What resulted was a powerful story of the impact of ACEs on Alaskans' lives: The population- attributable fraction for a several expensive issues could be tied back to ACEs: 32% of current smoking, 40% of Medicaid use, 24% of diabetes, 30% of asthma, and more. By conducting this research and then making it available through a speakers' bureau, the media, and a public website, a different, more cohesive and hopeful narrative began being told. More importantly, Alaska's ACEs data is now being used to explicitly define how a modest change in the rate of ACEs in Alaska would change the landscape of what we currently pay for six adult health outcomes. Cost savings calculated for 2015 were approximately \$90 million annually. This data is being presented to community members, legislators, health care providers, bureaucrats and business leaders as a call to action for how they can play a role in improving early childhood mental health as a way to address the public health issues facing Alaskan adults. For the first time, we have discovered a concrete, easily understood model to explain the role of infant and early childhood mental health in impacting the health and wellness of Alaska's future workforce.

Moving the agenda on early childhood mental health in Alaska

Pittz, S

Early Childhood Comprehensive Systems Program, Alaska Department of Health and Social Services , Anchorage, AK, United States

The State of Alaska has been working over the last several years to increase awareness regarding infant and early childhood mental health and to enhance the professional capacities of those working with young children and their families. Additionally, efforts have focused on policy and practice changes to better reflect and address this population's needs. The state approached mental health clinicians, early interventionists, primary care providers and others seeking recommendations for reducing barriers to providing mental health services to young children and identifying elements of a comprehensive system of care. As a result, policy changes were implemented, funding for early childhood mental health increased, and new strategies were implemented. State requirements for community mental health providers are changing too. Tools utilized for diagnosing, screening and assessing client progress have been revised or are in the process of revision. These systems changes are addressing a number of barriers identified by providers, and are sending the signal that services to young children are strongly encouraged. Additional outcomes of this work include the appropriation of funding to engage multiple systems in our work; an early childhood mental health consultation project has been developed to provide support to early care and learning programs; community behavioral health providers have been trained to expand their capacity to work with young children and their families; professional development is provided through an "Early Childhood Mental Health Learning Network" and the Early Childhood Mental Health Institute; Reflective Practice groups have been made available for a diverse group of providers; new evidence based programs are emerging such as Alaska Resource Council, Positive Parenting Program and Circle of Security; and, In 2012, Alaska formed the Alaska Association for Infant and Early Childhood Mental Health. The Alaska ACEs data has served to significantly increase the sense of urgency for moving this agenda forward.

11:30 – 12:15 Symposium

Transcultural frameworks in perinatal and infant mental health. Working with families from minorities, economically deprived and immigrants

Moderators: Maldonado-Duran, M.¹, Maldonado-Morales, M.-X², Aisenstein, C.³

¹ *Department of Psychiatry, University of Missouri Kansas City, Kansas City, United States;* ² *Perinatal Mental Health, Texas Children's Hospital, Houston, Texas, United States;* ³ *private practice, Private practice, La Jolla California, United States*

Discussant: Minde, K.

Montreal Children's Hospital, Montreal, Canada

Working with low-income African American families in the inner city during the perinatal period

Maldonado-Duran, M.

Psychiatry, University of Missouri Kansas City, Kansas City Missouri , United States

Objectives: Describes issues encountered with Low income African American families from a transcultural perspective during pregnancy and first year postpartum.

Materials and methods: Review of 200 consultations .Common themes, obstacles and cultural barriers and strengths were identified. Lessons learned for useful clinical intervention are described.

Results: 1) Barriers and challenges. Poverty and the 'ghettoization' of families. A transgenerational pattern of strategies to survive conditions of chronic severe stress and criminality and violence. Families rely on extended and friends considered family for caregiving. Young men often have a peripheral role with the infant. Often there is mistrust public services, many families only consult in times of crisis. Infants are expected to grow quickly and become "tough" early on, so children can "survive" later on in the school and community settings. 2) Strengths. There is protective network of women, including sisters, aunts, grandmothers and friends that supplement the caregiving relationship with the infant. Children develop an ability to deal with difficult situations and tend to be resilient from very early on, and outgoing. Families become very savvy in terms of community resources and finding sources of help.

Conclusions: Families have to be understood from their perspective and given their cultural values, the practices to the outside observer may seem insensitive and harsh. Mothers promote personality traits that emphasize problem solving, maximum flexibility and interpersonal cooperation to deal with multiple and complex stressors. Helpers are seen with reserve and they have to adapt their expectations to brief interventions from time to time, providing "Help" in terms that the family perceives as useful and taking a long term relational perspective. They remain as a resources for families from time to time" and in episodes of crisis.

Working with Spanish-speaking immigrant Latina mothers in perinatal mental health services

Maldonado-Morales, M.-X.

Perinatal Mental Health Service, Houston Children's Hospital, Houston Texas, United States

Introduction: Working with Spanish-speaking Immigrant Latina Mothers in a Perinatal Mental Health Service. Many immigrant women are alone or isolated from family when they arrive in a new country, and when they are pregnant, and eventually give birth, this isolation can lead to depression, anxiety and other mental health issues.

Aims of purpose of the work described: To bring more attention to a growing population, the need for available resources for families, and to describe personal experience working with this population in a mental health setting.

Description of work: Experiences working as a bilingual and bicultural Social Worker and Therapist in a small community clinic in St. Louis, Missouri, and a mental health center in a large hospital in Houston, Texas. For many women, immigration is out of a social and/or economic necessity, and once in the US, they may find themselves alone in a new country, without speaking English, uncertain of what resources are available to them, uncertain of how to access services, and at times frightened of disclosing their legal status to strangers. Once a woman accesses services, there can be a great deal of hesitation in engaging in mental health services: fear due to legal status, stigma of mental health, conflict with religious beliefs, trauma in past. For many women, it can take multiple sessions with the therapist to begin to disclose their reason for seeking out services, as well as to disclose the extent of their trauma history. Women who are without families or partners, and pregnant can be particularly vulnerable to isolation, without support during the perinatal period, and perhaps most critically, in the postpartum period.

A transcultural perspective in mental health. Clinical work with Native American parents and infants. Challenges and opportunities

Aisenstein, C.

Private practice, La Jolla, California, United States

Objectives: The author presents the results of many years of clinical work with Native American families of young children in several areas of the US. These families are from different “tribes” but principally Navajo or Dineh. Families are referred due to issues of alcohol use, problems of neglect and behavioral difficulties in the young children (sleeping, disruptive behavior, hyperactivity) and often were seen in various reservations.

Materials and methods: From a review of multiple we focus on the world view of families. In Dineh'ta the word Ke, placed in the middle of a word signifies relationship. Ke refers to inner spiritual balance. Ke' guides the correctness of behavior as it values their relationship to others, to themselves and to their physical, geological, and plant world. For the Dine' the physical beauty of nature surrounding them not only deserves reverence but is inhabited by powerful knowledgeable spirits they call “yei”.

This holistic philosophy of harmony with their surroundings is central to their total personhood and happiness. It not only affects their sacred beliefs and acts it also permeates every moment and day of their existence.

Results: In general, parents have a great deal of tolerance and respect for the individuality and uniqueness of their children. Families engage with non-Native American clinicians very cautiously and only after they feel respected, valued and understood “from within”, which requires developing a long term connection. The family structure includes a hierarchy where elders are valued and their opinions must be sought before initiating an intervention. Families live often in a sort of “limbo” in terms of cultural values, attempting to embrace and preserve their traditions and sequestered in a sea of Westernized practices, advice on child rearing, in which their cultural strategies are often devalued.

12:15 – 13:15 Poster Session

Poster Session 11: Early development, child health and mental health

P334 Post-Traumatic Stress Disorder in Infancy and Early Childhood: Developmental, Neurophysiological, Diagnostic, Therapeutic and Prognostic aspects

Koutsompou, V.I.

Psychology, University of East London, East London, United Kingdom

Introduction: Early childhood (0-48 months) is a time when developmental pathways are organizing based on genetic and environmental information. Disturbances in normal development, such as those that may arise from the experience of a traumatic event, can have negative consequences in the emotional, physiological and cognitive child functioning.

Purpose of the work: This study aims to investigate the developmental, psychological, neurophysiological factors of PTSD in infants and toddlers through the literature review.

Description of the work: Presented research highlights the effects of caregivers, the types of traumatic events in connection with the subsequent behaviour and trends. It also presents the diagnostic criteria for the disorder in early childhood.

Conclusions: It is confirmed by the presented surveys of the literature that there is a direct correlation between the injuries at this age with subsequent growth and development of the disorder as well as many other disorders and behaviours.

P335 The covert trauma of adoption

Drustup, D.

Counseling, Northwestern University, Evanston, United States

There is a mismatch between today's popular perception of adoption and what adoption psychologists believe to be true. Henderson (2007) believes that current societal rhetoric sees adoption as a "win-win-win" for the members of the adoption triad: the biological parents, the adoptive parents, and the adoptee. While it is true that adoption is a wonderful and necessary institution for our children, this popular perception of adoption as a "win-win-win" fails to address the ambivalence inherent in adoption. Adoption researchers paint a picture of the adoption triad that is less rosy than the one seen through popular societal rhetoric. Brodzinsky, Schechter, and Henig (1992) define adoption as a sense of ubiquitous otherness, conscious and unconscious loss, and insatiable confusion. Henderson's (2007) "feelgood" model of adoption shows that society has constructed a paradigm in which the adoptee has been done an indisputable favor, closely mirroring Kirk's (1964) pioneering work of modern adoption theory, Shared Fate. If the adoptee asks questions about her feelings of loss, abandonment, and shame, she might be seen as ungrateful for the charity that society and her two sets of parents bestowed upon her. With the adoptee's support systems engulfed in psychological and emotional struggles of their own, and society's misinformed perception of adoption, the adoptee is implicitly encouraged towards silence and acquiescence. Herein lies the covert trauma of adoption. This lack of communication and empathy leads to lifelong acquiescence and suffering for members of the triad that can be prevented. Through a shift in the adoption paradigm and popular understanding of adoption to a model of the truth of ambivalence inherent in adoption, triad members can acknowledge the various degrees of trauma they have suffered. With the help of adoption professionals, their trauma can be understood, appreciated, and integrated into their lives for more healthy future development.

P336 The search for common ground between parents and professionals as they work together to improve the lives of young children with autism

Woodside, R., Taddonio, D.

CORE, Rivendell School, Brooklyn, New York, United States

Initiated in 2007, Rivendell's Corrective Object Relations Education program (CORE) continues using attachment theory, shared perspective, and development of social thinking through relationships to prepare children on the autistic spectrum at risk for failure to meet preschool classroom demands. We believe the ability to enter a teacher/child relationship is crucial for a child's readiness to learn. CORE children struggle with shared attention and typically lack theory of mind, so we must teach these vital constructs in a dynamic and systematized fashion. Success is the child's formation of key concepts necessary for socialization at school and elsewhere. We teach meanings across contexts not discrete skills. Parents initially want what we have to offer but the pace of progress is often dismaying. They are locked in a race for time and feel there's not a moment to lose. We sense that parents are disappointed in our work when they say that the child can do this or that at home or in an outside therapy session with no evidence of this at CORE. They may want greater and faster progress than we can report. Some seek out other professionals whose practices intimate or even indicate that the cure is within reach. In reaction, we can feel judged and can accuse parents of denial. We must all, parents and professionals, engage this tension in our work in order to function appropriately as a team devoted to the child's welfare. The team must acknowledge this tension between its aspirations for the child and what it is currently seeing about him or her. Practitioners must remember that, while our investment in and responsibility for these children is high, it cannot match those of the parents. Our discoveries belong to the child and parents and our practice must reflect that as we search for common ground.

P338 Measuring self-regulation in childhood: conceptual and methodological issues

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Introduction: Development of the ability to regulate emotions and behaviours in childhood has become a focal point for research across multiple disciplines. However, the literature on self-regulation (referred to variously as self-control, executive functions, effortful control, willpower, impulsivity, etc.) is founded on segregated theoretical and conceptual foundations.

Method: Drawing on literature from multiple disciplines (psychology, medical sciences, economics, and sociology), we consolidate knowledge on the concept, with reference to the measurement of self-regulation. We provide an overview of self-regulation and outline the conceptual issues that have hampered self-regulation research drawing on examples from different disciplinary approaches.

Results: Although much progress has been made in relation to early childhood self-regulation assessment methods, the discipline specificity of differing perspectives has been maintained.

Conclusion: In order to capitalise on the current intensity of interest in the area to effectively influence policy and clinical and educational practice, there needs to be a move towards interdisciplinary research endeavours.

P339 Early attachment trauma and the impact on child's development.

D'Hooghe, D.

Private Practice, Traumacentr Belgium, Gent, Belgium

It is important to broaden our vision on attachment trauma, by pointing out the importance of the quality of parenting as an indicator to develop a secure attachment relationship. This quality mainly depends on the caregivers' ability to mentalize, regulate, contain, play, ... The absence of these features causes traumatic stress in the child and impacts his psychological and neurological development and the possibility to attach. Thus, it is important that we are aware of the relationship between early attachment trauma (EAT) and affect dysregulation and dissociation. The seriousness depends on the early age of the child, an immature coping mechanism, the child's different experience of danger, the stress level of adverse experiences and the caregiver as the source of trauma. We can consider dissociation and affect dysregulation as complex adaptation to trauma. In addition, when the child is not able to manage distress, it lacks the capability to integrate the experiences. Dissociation and inadequate self regulation interfere with one another and impact the development of the sense of self. This expanded vision on EAT might serve as a basis for a new classification which has implications for recognition and assessment. Research on the consequences of early traumatic events helps us to define new criteria for attachment trauma and enables a more accurate treatment. And finally, a higher awareness of these events enables us to create adequate prevention strategies. By raising awareness among both caregivers and clinician about attachment trauma, prevention strategies and tailor-made treatment might increase and create new therapeutic opportunities.

P340 Antenatal and postnatal factors associated with the trajectories of child's internalising and externalising problems from early childhood to adolescence

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Introduction: Maternal perinatal stress influences on the development of the fetus and the child. Aims of the study This study investigates how the perinatal factors of maternal well-being are associated with the trajectories of child's internalising and externalising problems from the age of 4-5 years to the age of 16-17 years.

Material and Methods: The longitudinal data originally consisted of 349 normal population Finnish mothers and children followed from pregnancy to the child's adolescence. The patterns of child's internalising and externalising problems were identified using trajectory analyses.

Results: Child's risk for assigning to the high-stable trajectory of *internalising problems* was statistically significantly increased by mother's unsatisfying relationship with the partner and with own mother, low number of friends, low life satisfaction, mother's or partner's mental health problems, alcohol consumption during pregnancy (indicative), urgent desire to conceive and depressive symptoms antenatally and two months but not six months postnatally as well as maternal more negative perceptions of the child two months and six months (indicative) postnatally. Mother's low experience of loneliness was associated with a low level of child's internalising problems. Factors not statistically significantly associated werematernal expectations of the child, family structure, maternal education level, difficulties in pregnancy, smoking, and mother's age. Mother's unsatisfying relationship with the partner increased the child's risk for assigning to the high-decreasing trajectory of *externalising problems*. Maternal more negative

perceptions of the child two months postnatally were indicatively associated with the adolescent onset externalising problems.

Conclusions: Mother's depressive symptoms perinatally, dissatisfaction with life and more negative perceptions of the child increase the child's risk for high levels of internalising problems from early childhood onwards. The early risk factors associated with internalising and externalising problems are perhaps to some extent different.

P341 Intelligence assessment of argentine babies: argentine scale of sensory motor intelligence - EAIS

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The purpose of this work is to present a test which allows the assessment of the behavior of our infants from a consecutive development approach. There are two main periods in the development of intelligence: *before* and *after* the constitution of the symbolic (or semiotic) function, which appears within the age of 16 and 20 months old. The first period is called *sensory motor intelligence*. The sensory motor intelligence is the ability to solve problems through activities in which perception, attitudes, tone and movements without symbolic evocations – that is, before the verbal language appears – are mainly part of. The Argentine Scale of Sensory Motor Intelligence (EAIS) was created for babies aged from 6 to 30 months old. This scale was built considering 800 Argentine babies in order to know the level of mental development during the non-verbal period, obtain standard figures of reference of the Argentine population and contribute with a useful as well as effective tool to diagnose the intellectual development of Argentine babies aged from 6 to 30 months old and detect cognitive disorders. Given the baby's vulnerability, its dependence on adults, the complexity of maturity and development processes, and the environment, the use of tests adapted or built with Argentine babies lets us count on tools of our own to assess the population and enrich the first infancy bio-psycho-social perspective.

P342 Feeding problems in infants and their relationship with maternal depression at one and two years

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Introduction: Feeding problems are commonly reported by parents, can have implications for infant growth and can be a source of family stress.

Aim of the study: The Montreal Children's Hospital Feeding Scale (MCHFS) quantifies infant feeding problems but has not previously been used in the UK. We examined the scale's relationship with demographics, early feeding history and maternal depression at 1 and 2 years.

Material and method: As part of a larger study, the (MHCFS) and Edinburgh Postnatal Depression Scale (EPDS) were completed by 69 mothers of 1-year-old infants (37 male/32 female). 35 of these women (20 male/15 female infants) completed the same measures when their infants were 2-years-old.

Results: There were no significant gender differences in MCHFS at 1y or 2y. MCHFS at 1y or 2y was not related to gestation, Apgar scores, maternal age, maternal BMI, income or education.

MCHFS at 1y was correlated with birth weight ($r=-.41$, $p<.0001$), the age infant was introduced to solid foods ($r=.24$, $p=.05$), infant weight at 1y ($r=-.34$, $p<.004$) and MCHFS at 2y ($r=.57$, $p<.0001$). MCHFS at 2y was correlated with the age infant was introduced to solid food ($r=.42$, $p<.012$) and breastfeeding duration ($r=.37$, $p<.028$). MCHFS at 1y was also correlated with EPDS at 1y ($r=.44$, $p<.0001$) and 2y ($r=.39$, $p<.02$). MCHFS at 2y was correlated with EPDS at 1y ($r=.47$, $p<.015$) and 2y ($r=.55$, $p<.001$).

Conclusions: In this UK sample, feeding problems measured by MCHFS were relatively stable from 1y to 2y. Smaller babies with poorer weight gain were at higher risk of feeding problems at 1 but not 2y. Later introduction to solid foods and longer breastfeeding was associated with later feeding problems. Depression was related to feeding problems concurrently and prospectively, suggesting the need to consider the impact of feeding problems on maternal mental health and vice versa.

P343 Through the eyes of a child

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In the field of Developmental Psychology many authors and researchers focus on milestones for childhood emotional and biological growth, parental attachment, language, intelligence, social skills, etc. In most instances, the whole child has been overlooked. Having worked in the field of developmental psychology for over twenty years, I have met and continue to meet professionals that work with children that have limited knowledge of the whole child. Through the Eyes of a Child is an interactive presentation that focuses on child processing skills, cognitive abilities, reasoning, and emotional reactions to life situations. Participants will learn about normal development, special needs indicators for very young children, effects of child abuse, and intervention strategies for common behavioral and emotional issues. Dr. Weber offers reality-based techniques for participants to actually feel and remember what it was like to be a child. Child advocates, social workers, case managers, teachers and parents will gain insights with this interactive experience that will help them to recall how the world appears through the eyes of children. Dr. Weber will help participants understand how a child perceives the world, why they might interrupt when they are being spoken to, and how frightened and overwhelmed a child becomes with someone much larger than him/herself, who may be screaming or threatening physical punishment. Popular literature documents the aftermath of these situations, but the topic is generally not discussed in a preventative way. This presentation takes a different pathway, seeking instead to help adults interacting with children to gain skills which will help prevent misunderstanding and unnecessary trauma. Participants will learn techniques of treating children with the respect we, as adults, expect in return. Instructional tools and interventions, in conjunction with a workbook, will provide participants more hands-on experiences and a resource for future use.

P344 In utero testosterone exposure modulates adults' physiological responses to social interactions

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Hormones play a key role in modulating people's growth. Even prenatal differences in hormones exposure mediate individuals' brain development. Testosterone widely influences physical growth

and also affects the long-term development of people's social abilities. The present research aims to investigate how different levels of prenatal exposure to testosterone modulate people's physiological reactions to social interactions. Participants (N=20) were showed 24 video-clips representing social interactions either focused on a physical norm (such as "an elastic rope does not maintain an angled shape if not actively pulled") or on a social norm (such as "if someone tells you he feels sick, you must help him, and not walk away). Three convergent methodologies were applied. (i) Excitability was assessed monitoring cardiac dynamics via Heart Rate (HR). (ii) Promptness to action was measured as temperature changes on left and right cheeks and tip of the nose. (iii) Behavioral assessment: adults were asked to judge stimuli predictability and intelligibility. Exposure to testosterone in utero was assessed by measuring the ratio between the lengths of the index and ring fingers (digit ratio). Digit ratio is used in research as an index of prenatal testosterone exposure: the higher the ratio, the lower the exposure to testosterone in utero. Analysis revealed a modulation of prenatal testosterone exposure on participants' physiological responses to social interactions. A negative correlation between digit ratio and HR responses to social interactions was found ($r = -0.33$, $p < .01$). Moreover, there was an interaction effect between digit ratio (high vs low) and the type of scenario (social vs physical), which affected participants' temperature changes on both cheeks ($F(1,72) = 4.3$; $p < .05$). Our findings suggest a modulation of fetal hormonal exposure on adults' physiological responses during social situations. The prenatal environment has a long-term effect on human development, even up to adulthood.

P345 Social information processing in preschool children diagnosed with autism spectrum disorder

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The social cognitive deficiencies of children diagnosed with autism spectrum disorders (ASDs) are well documented. However, the mechanisms underlying these deficiencies are unclear. Therefore, this study examined the social information processing (SIP) patterns and social behaviors of 25 preschool children with ASDs in comparison to a matched group of 25 typically developing children. The study found children with ASDs to be less likely than typically developing children to efficiently encode social information, to positively construct and evaluate competent responses, and to exhibit prosocial behaviors. They were also more likely than typically developing children to attribute hostile intentions to others in benign social situations, to construct and evaluate more positively aggressive responses, to construct more avoidant responses, and to display more externalizing behaviors. Interestingly, counterintuitive patterns of relationships were found within the ASD group with more competent SIP and theory of mind (ToM) patterns relating to less competent social behaviors. Finally, within the ASD group, more competent SIP patterns were found to be significantly related to higher ToM capacities. The question remains what leads to these differences? One of the possibilities is that, at least in part, their irregular social information processing patterns may be the result of a faulty organic mechanism that prevents the successful processing of these specific types of social information. Indeed, a growing body of neuroimaging studies demonstrate abnormalities in the anatomy and connectivity of limbic-striatal 'social' brain systems which may contribute and/or result from social behavioral phenotype in autism.

Clinical Implications: This findings may have important implications for clinicians working with children with ASDs. For example, it may be the case that the approach taken in current SIP-based intervention programs that are known to work successfully with typically developing children could be adopted, at least in part, with preschool children with ASDs.

P346 Ancient brain, smart brain: the neuroscience of parent-infant interaction as a clinical model for intervention across the lifespan

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Introduction: Smart Brain (SB), Ancient Brain (AB) is a neuroscience model of mental health across the lifespan. It evolved over ten years of clinical application and research into parent-infant interactional patterns (Ferrier-Lynn & Skouteris, 2005). It was developed as a model for clinical psychologists – first trialled with children, adolescents, adults, and then families and schools. Its spectacular success has led to the development of a computer programme and theraplay kit that makes mental health intervention meaningful and accessible.

Purpose: Early trauma impacts brain development with wellbeing consequences across the lifespan. In infant trauma, information stored in neural circuits is pre-verbal and unconscious. Infants are vulnerable prior to language development and children are vulnerable until the frontal cortex develops. Intervention is best placed to occur during childhood in order to harness the dynamics of neuroscience. The model outlined is a clinical approach for building a smart brain and for outsmarting the still necessary ancient parts of our brain.

Description: The presentation will build on two themes in the literature in order to highlight a practical four-part clinical intervention model. First, there are two fundamental systems of functioning. The SB is a slow system with primarily associative functioning that can engage in 'approach' behaviour. The AB a fast system with primarily local processing and integration of visual sensory information that can engage in 'avoidance' behaviour. Second, there is a lateralised system of functioning with onset of right-brain, non-verbal functioning in utero until the first 18 months followed by onset of left-brain verbal functioning in the next 18 months.

Conclusions: All mental health issues relate to maladaptive patterns of neural connectivity within AB circuitry, particularly right-brain circuitry, and as such, all mental health interventions should take into account the structural and functional differences between both top-down systems and left-right systems.

P347 Maternal Mental Health During Pregnancy and Risk of Adverse Birth Outcomes

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Introduction: Depression, anxiety, stress and racial discrimination during pregnancy are associated with increased risk of adverse birth outcomes.

Aims of the study: To examine associations between depression, stress, anxiety and birth outcomes in a large, diverse cohort. To consider moderation by social support and child gender, and to examine how different types of racial discrimination is associated with birth outcomes.

Material and methods: 6,822 women and their infants were part of a prospective birth cohort: *Growing Up in New Zealand*. Women were interviewed during the third trimester and completed the Edinburgh Postnatal Depression Scale, the Perceived Stress Scale, and questions about experiences of racial discrimination, social support, exposure to life stressors, and socio-demographic and physical health status. Women provided consent for linkage to routinely collected birth outcome data. Logistic regression models were developed predicting risk of low birth weight (LBW: <2500g) and pre-term birth (PTB: <37 weeks) and controlling for socio-demographic and physical health variables.

Results: Women with antenatal depression (EPDS>12) were more likely to have a LBW infant (OR = 1.57) and deliver pre-term (OR = 1.79). Women with higher levels of perceived stress were more likely to deliver pre-term (OR = 1.34). Social support and child gender moderated these associations. Mothers self-reported racial discrimination by a health professional in the 12 months prior – but no other measures of racial discrimination - was associated with increased risk of LBW (OR = 1.97) and PTB (OR = 2.10).

Conclusions: Results support existing findings of an association between depression, perceived stress and anxiety during pregnancy and adverse birth outcomes. Associations between maternal mental health during pregnancy and birth outcomes appear to differ as a function of social support and child gender. Racial discrimination by health professionals emerged as a key source of stress.

P348 Development of assessment tool used by the nursery teacher at nursery for “children with special care needs”

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Aims of study: There have been many reports of the children with special care needs at nursery. The purpose of this study is, that by elucidating the problems of “children with special care needs” and then to develop assessment tool, which can be utilized by nursery teacher at nursery to assess them.

Methods: Four-hundred forty children from 5 nursery schools were evaluated by the nursery teachers. Items of assessment are based on the research conducted thus far; it was created items of “worrisome” behavioural characteristics of children, which were reminiscent of the developmental disorder, and items relating to the developmental delay. In order to facilitate the assessment by the nursery teacher, each item was expressed by using the behaviours, which were seen, in the life and play of children at nursery, and classified by child age. It was added the items to confirm the parent’s involvement and their attitude towards their child rearing.

Results: “Children with special care needs” was 19.8% in 1 year olds, 23.1% in 2 year olds, 16.3% in 3 year olds, 22.1% in 4 year olds and 24.1% in 5 year olds. Regarding the gender ratio, boys 75.0% and girls 25.0%, thus boys were significantly higher.

Score of item indicating the behavioural characteristics of “children with special care needs” were significantly higher in “intentionally interfere with other children’s play”, “enjoy conversation (reverse item)” and so forth. The parents of such children often felt difficulty to involvement with the child, and there were the indicative of the parent-child relationship problem.

Conclusions: By producing assessment tool for “children with special care needs” for each age group, it became possible for the nursery teacher to objectively assess and notice the potential needs of “children with special care needs”.

P349 Sleep difficulties and executive functioning in toddlers

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Introduction: In school aged children compromised neuro-cognitive performance has been linked to sleep disruption. Evidence regarding the functional association between sleep quality and cognitive performance the early years is still scarce.

Aims: The goal of the study was to examine if early indicators of executive functioning and behavioral control are associated with sleep-wake regulation.

Methods and materials: The sample included 51 healthy children (26 boys), aged 13-25 months (M=18.4, SD= 3.35). Sleep was measured with Infant Sleep Questionnaire (ICQ: Morrell, 1999)

and Brief Screening Questionnaire (BISQ: Sadeh, 2004). Executive functioning was assessed with Early Childhood Behavior Questionnaire (ECBQ-vsf: Rothbart, 2009) and an observational procedure (A not B task), which assesses inhibition and working memory (Diamond & Goldman-Rakic, 1989).

Results: The main findings were that effortful control was negatively correlated with sleep difficulties ($r = -0.44$, $p < 0.01$). A comparison between children with and without sleep problem, as defined by Richman's 1981 criteria, showed significant differences in effortful control [$F(3, [45]) = 7.60$, $p = 0.008$, $\eta^2 = 0.14$]. A-not-B performance was correlated with age ($r = 0.64$, $p < 0.01$) as well as with effortful control ($r = 0.31$, $p < 0.05$), but not with the sleep variables.

Conclusions: The data confirmed a link between sleep quality and executive functioning as early as the second year of life. The contribution of the study is in pointing to the possible involvement of sleep in executive functioning during developmental periods in which accelerated neural development takes place. Future studies should address directionality and also examine if sleep-related difficulties are early markers of poor inhibitory control and compromised cognitive performance.

P350 How the third muscular skin takes over the digestive tract

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Ester Bick invented the concept of "second muscular skin" to illustrate the resorting to muscular tone in babies in reaction against archaic anxieties when the maternal containing function is not "good enough". Didier Anzieu described with the "Moi-Peau" the importance of a psychic envelope born from introjection of the maternal containing function as a container of the child's psyche. Analysis of these mechanisms has proven their relevance in the treatment of archaic psychopathologies such as autism and other development disorders. We propose the concept of "third muscular skin". We base our proposal upon teenagers with severe anorexia and underlying archaic psychopathology. They grab the digestive muscular tube functioning as a defence against disintegration (anorexic temptation, vomiting etc...). In gastropediatrics, observation of babies with functional digestive disorders (gastroesophageal reflux, colics, constipation)", shows that dysfunctioning of the digestive smooth muscle (hypertonia, hypotonia, dysrhythmia) and the symptoms induced could be early defence mechanisms against helplessness and inadequate interactions. For these babies, the concept of "third muscular skin" seems appropriate to figure the bond between physiopathology and psychopathology at the very beginning of psychic construction. This digestive dysfunction is first a survival mechanism by clinging to the symptom, and a means of integration. It enables a minimal development of the baby centered on sensations and digestive functions, to the detriment of early interactions. It can be used later on as a self-calming procedure (rumination syndrome). Back from the archaic register, these symptoms can be resumed during adolescence. One can also interpret these mechanisms as precursors of mastery and anality in obsessiveness. Our communication will introduce the problem exhaustively and provide a few clinical examples to help us consider this new concept as a dynamic therapeutic hypothesis.

P351 The development of an appetite scale for young children: preliminary findings

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Introduction: Feeding problems in children are a source of stress for parents, yet professionals do not have a tool to diagnose one important aspect of feeding, which is appetite. As DSM-V's Avoidant/Restrictive Food Intake Disorder (ARFID) includes "apparent lack of interest in eating" as a category, a psychometrically valid and reliable scale to evaluate appetite in young children is needed.

Aim of the study: To develop an appetite scale (the Ramsay Appetite Scale-RAS) and examine its convergent validity to the Montreal Children's Hospital-Feeding Scale (MCH-FS), which has gained international recognition and standardization in several countries.

Material and method: The RAS has 6 items specifically addressing appetitive behaviours. Each item is scored on a scale of 0 to 4. The MCH-FS (2011) consists of 14 items covering several aspects of feeding (appetite, sensory-motor skills, meal-time behaviours, maternal concerns, and parent-child interactions). The RAS takes less than 5 minutes to administer. So far, both scales and a demographic questionnaire were completed by mothers of 96 children (56 boys/40 girls) from ages 6 months to 6 years, in community pediatricians' offices.

Results: The mean RAS ($M=18.83$, $SD=4.03$) and MCH-FS scores ($M=32.84$, $SD=11.26$) were highly correlated ($r=.80$, $p<.001$). There were no significant differences in RAS scores between boys and girls ($t=1.38$, $p=0.17$) and between younger (6 months to 3 years 11 months, $n=68$), and older age group (4 years to 6 years 11 months, $n=28$) ($t=0.43$, $p=0.67$).

Conclusion: The results provide preliminary evidence for the validity of the RAS as a measure of appetite in children under 7 years of age, and thus may be a useful tool in diagnosing "apparent lack of interest in eating" in ARFID.

P352 Enhancing early maternal infant interaction to improve the cognitive development of children born with a cleft lip

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Background: Previous work has shown that infants with cleft lip who undergo early neonatal surgical repair of the lip have better cognitive outcomes compared to those with later repair, at three months. Differences in cognitive development were found to be related to the pre-repair quality of the mother-infant interaction.

Aims: To compare two different therapeutic approaches of improving the quality of the mother-infant interaction in babies with cleft lip. The mothers receive either; therapeutic sessions providing support around emotional issues that can sometimes arise when having a baby with a cleft lip; or video feedback therapy (VFT) which helps draw the mother's attention to the infant's developmental milestones and ways of communicating.

Methods: In a Randomized Control Trial (RCT) mother-infant dyads are randomized to receive either VFT or supportive counselling. Parents receive six sessions of either therapy in the first 2-10 weeks of life. Maternal infant interaction is assessed at three and nine months and at 18 months a cognitive assessment is done.

Results: 60 dyads have been recruited so far and a further 4 dyads are needed to reach adequate power. The dropout rate has been minimal. The outcome data will be released when the last baby to takes part in this study turns 18 months.

Conclusions: Improving mother infant interactions in the first few weeks of life in infants with cleft lip may be important. Through this trial we hope to develop a short, effective, evidence based intervention to improve parent-child interactions which in turn will help to scaffold the infants cognitive development. Furthermore this work is of great interest as it investigates if these early weeks of life are a 'sensitive period' of development.

P353 A Preliminary Evaluation of REACH: Training 'Hard to Reach' Early Childhood Teachers to Support Children's Social and Emotional Development

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Introduction: The recent focus on the link between social-emotional learning and school success has prompted discussion about ways to enhance the capacity of early care and education (ECE) providers to promote young children's social-emotional development. This poster describes the preliminary evaluation of REACH (Reaching Educators and Children), a training and coaching program designed to increase the capacity of ECE providers to support children's social and emotional development, particularly providers in private ECE programs who find trainings 'hard to reach'.

Aims: We sought to evaluate changes in REACH classrooms in the areas of teacher-child interactions, targeted social emotional supports and child behavior.

Methods: We evaluated REACH with 197 teachers of toddler and preschool classrooms in 30 ECE programs. Research staff conducted classroom observations pre-and post- REACH implementation using the Arnett Caregiver Interaction Scale and two subscales of the Preschool Mental Health Climate Scale (teaching feelings and problem-solving and child prosocial behavior). Teacher satisfaction surveys were collected.

Results: Results of classroom observations suggest significant improvements in the sensitivity of teachers' interactions with children in the classroom [$t(137) = -3.69, p < .001, d = .38$]. Results also show a significant increase in teaching feelings and problem solving, including activities such as the teacher labeling children's feelings and helping children use language to solve problems [$t(137) = -6.27, p < .001$]. Further, observation results suggest increases in children's prosocial behaviors [$t(137) = -2.93, p = .004, d = .37$]. Teachers reported high levels of satisfaction with REACH components.

Conclusions: Building teachers' skills to support young children's social and emotional development is critical for a high-quality workforce. Policy makers should consider the needs of all types of centers and teachers, including 'hard to reach' teachers, as they design a full continuum of professional development opportunities and supports.

P354 An investigation of learning style preferences in preschool aged boys and girls

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Introduction: Learning styles refer to the cognitive modalities people use in the process of concentrating on, absorbing and retaining new and difficult information. There are several studies which show that learning styles can be used to increase academic achievement, understanding and motivation of young children in the school context.

Aims of the study: The present study examines the learning styles of preschool children. In specific, it looks at differences in relation to their dominant sensory modalities, environmental preferences, brain dominance, physical needs, social aspects of learning and attitudes to learning between boys and girls.

Materials and methods: The participants of the present study were 156 children (77 boys and 79 girls) (mean age = 7.34 years, s.d. = 0.61). All children had Greek origin and fell within a 'normal' range of ability. Children's learning styles were evaluated with the junior version of the Learning Styles Analysis, a 15 item scale, adapted into Greek language. Testing was individual and lasted approximately 20 minutes.

Results: Girls appeared to prefer to learn in a warm room environment, conform to the school rules, and feel more secure when they can work or learn closely with a teacher. Moreover, they tend to be more reliable and responsible, when compared with boys. Boys were found to be motivated relatively easily through rewarding, have a strong need for variety and love changes in their learning environment.

Conclusions: Factors that influence learning preferences in boys and girls are related to the environment, the social aspects and attitudes to learning. These factors as well as individual differences need to be considered when designing teaching methods for preschoolers.

P355 Lie-telling and theory of mind of children with and without autism spectrum disorder
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Introduction: Lying involves a speaker making a false statement with the intention to deceive the recipient. A lie-teller must be able not only to produce false statements, but also to ensure consistency between lies and the subsequent statements, in order to avoid detection of lies. Telling a lie successfully requires deliberately creating a false belief in the mind of another. Children as young as 3 years of age can intentionally create a false belief. Second order false belief understanding emerges around 6 years and is related to children's ability to maintain their lies. Children with autism spectrum disorder (ASD) experience great difficulties in their theory of mind. However, that they do engage in deception.

Aims of the study: The aim of the present study is to investigate whether higher functioning children with ASD have the ability to deceive and to be consistent to their lies, as well as the relation between their lying aptitude and false belief understanding.

Material & Methods: Five children with ASD and 5 typically developing children attending general pre-schools in Athens participated in this study. The temptation resistance paradigm was used to examine children's lying behavior. Two first-order and two second-order unexpected displacement false belief tasks were administered to assess false belief understanding.

Results: Higher-functioning children with ASD were able to tell lies. However, they had great difficulty in maintaining consistency between their initial lie and subsequent statements, comparing to typically developing children. This finding is related to the significantly low scores noted on both first and second order false belief tasks.

Conclusions: Although the results are very interesting, presenting higher-functioning ASD children's ability to lie despite their difficulties in their theory of mind, they are based on a very small sample of ASD children and therefore further investigation is required.

P356 Behavioral Inhibition in preschool age: the psychopathological risk associated to social and non-social components

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Behavioral Inhibition (BI; Kagan et al., 1987) is an early temperamental trait characterized by fear, wariness and reticence when the child is confronting with novelty. BI represents a relevant precursor of impaired outcomes in childhood and adolescence, specifically anxiety problems (Clauss et al., 2012). Traditionally, BI is described as a *unitary* construct characterized by wariness towards *both social* (i.e., unfamiliar adults) *and non-social* (i.e., new objects) stimuli. Recently, some authors (Kertes et al., 2009; Dyson et al., 2011) argued that social and non-social BI are relatively independent, with different psychopathological correlates. The aims of this study were: (1) to explore whether social aspects of BI were related or independent from non-social aspects in preschoolers, both cross-sectionally and longitudinally; (2) to investigate whether children with social or non-social BI, compared to their non-inhibited peers, showed a higher risk for internalizing difficulties, specifically anxiety problems. A sample of 45 children (aged 4 years) and their teachers were recruited from kindergartens in Bologna. Social and non-social features of BI were assessed through LAB-TAB (Goldsmith et al., 1999) in 2 repeated assessments during a scholastic year. Teachers completed the Children's Behavior Questionnaire (CBQSF: Putnam & Rothbart, 2006) for the assessment of temperamental traits and the Child Behavior Checklist (CBCL 1.5/5yrs: Achenbach, 2004) for child internalizing problems.

Main results: Social and non-social aspects of BI resulted to be highly correlated ($p < 0.05$) between the assessments. However, only the social component of BI resulted to be a risk factor for internalizing problems in preschoolers. Further findings will be presented and discussed during the Congress. Relevant implications for the development of psycho-educational interventions for inhibited children will be discussed.

P358 Integrating parents, physical and mental health care, and protective factor services for early childhood stress

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Early childhood stress can result in long-term physical and mental health problems, if parents are not sufficiently prepared or supported to provide protection and promote wellness. The interaction of neurological, somatic, psychological, social, economic, etc. components of potential stress response or resilience challenges services to be holistic, comprehensive, integrated, and efficient. Stress can add complications and complexity to coordination across multiple service systems and specialties. Stress-related chronic childhood conditions represent significant cost and opportunities to support infants and families. The CoreCANS communication and planning tool was developed through a quality improvement process facilitated within the (US) National Child Traumatic Stress Network in order to achieve better health, healthcare, and healthcare cost, associated with childhood stress. Unique contributions include measures of child and parent cumulative risk and resilience from multiple adverse childhood experiences without having to disclose which categories and a measure of oral health (one of the most common and costly chronic childhood conditions). The Trauma Exposure and Adaptation versions of the Family Assessment of Needs and Strengths and the internationally utilized Child and Adolescent Needs and Strengths tool (CANS--see www.praedfoundation.org) have been adapted and tested to yield a promising practice that is sufficiently comprehensive and sensitive to support service planning and track progress, yet simple enough to be efficient within integrated care teams. In general, four

levels of need or strength (none, low, medium, high) and action steps (none, monitor risk, active intervention, intense intervention) are identified across thirty dimensions of child health, development, and behavior; parent protective factors; and need for coordination. The poster will illustrate the "core" integration of parents, physical and mental health care, and protective factor services; a case example of the CoreCANS; and a summary of metrics guiding improvements in five factors of family-, health-, strengths-, trauma/resilience-, and integration-informed care.

P359 Sex differences on social development of infants and preschool children in Japan

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Aim: The purpose of this study was to clarify sex differences on social development of infant and preschool children in Japan.

Methods: The participants of this study were 32 boys and 33 girls in a nursery school aged between 2 and 5. We assessed social development using Japanese version of Vineland Social Maturity Scale 3rd edition (VSMS) and assessed mental development using Kyoto Scale of Psychological Development (KSPD) which is based on Vinet A.'s scale and Gesell A.'s research findings and widely used by Japanese clinicians today. We compared VSMS's results SQ (social quotient) with KSPD's results DQ (developmental quotient) under consideration of sex differences and conducted correlation analysis. Then we examined sex differences specifically on main items in VSMS.

Results: There were sex differences in results of VSMS (boy's SQ: 94.4±11.7, girls SQ104.7±13.5), while there were no sex differences in KSPD's results (boy's DQ 97.9±13.0, girls DQ 100.8±14.9). The result of VSMS showed moderate correlation with the results of KSPD with correlation coefficient $r=0.459$ in boys and $r=0.375$ in girls. As to sex differences of each item of VSMS, passing rates of girls were higher than those of boys in many items. For example, for 5-years-old children, "can walk across a crossroads according to traffic light", the passing rates is 64.3% in boys and 90.0% in girls, and "can consider another person's feelings and refrain from saying troublesome requirement to others", the passing rates is 0.0% in boys and 20.0% in girls.

Conclusions: In Japan, the social development of infants and preschool children, boy are delaying about half one year at 5 years old children, though there were no differences in mental development. I wonder these results may relate to sex differences in incidence of developmental disabilities. Further studies are necessary.

P360 Alterations of DNMTs associated with depressive-like behavior in different brain regions of prenatally stressed offspring

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Introduction: Substantial studies demonstrated that prenatal stress (PS) increase depression-like behavior in offspring, and epigenetic modifications are thought to play an important role in the neurobiology of depression.

Aim of the study: The present study was taken to explore whether the DNA methylation is involved in the depressive-like behavior induced by PS.

Material and methods: Pregnant female rats subjected to a restraint stress for 45 min three times daily from embryonic day 14-20. Then the offspring rats were randomly split into control group, PS group, PS-saline group and PS-5-AzaD group. Offspring rats were evaluated with depression-related behaviors in elevated-plus maze, sucrose preference and forced swimming test. DNMTs expression in the hippocampus and prefrontal cortex were assessed by western blotting and Quantitative PCR. The global DNA methylation was measured with an ELISA-like reaction. The offspring rats were administrated 5-AzaD (0.1mg/kg) once a day for three days before the behavioral testing to assess the alterations of behavior, and DNMTs expression and DNA methylation.

Results: PS resulted in behavioral anomalies in Elevated-plus maze test, sucrose preference test and forced swimming test. Increased levels of DNMT1 and DNMT3b in hippocampus and prefrontal cortex of prenatally stressed male offspring were found, while 5-AzaD could ameliorate these changes. Increased global DNA methylation in hippocampus and prefrontal cortex of prenatally stressed offspring of male and female were also found, whereas treatment with 5-AzaD could reduce these changes in offspring.

Conclusions: The results showed that PS to pregnant dams could induce depression-like behavior in offspring, which was involved with abnormal expression of DNMTs and global DNA methylation. 5-AzaD reduced the alterations of decreased DNMT1 and DNMT3b and global DNA methylation. (This research supported by National Natural Science Foundation of China, No: 81271497.)

P361 Dysregulation among infant and toddlers, and development of mental health problems at age 5-6 years

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Introduction: Risk and resilience factors for developmental trajectory from early dysregulation to mental health problems are studied in a longitudinal cohort.

Aim of the study: To identify risk factors associated with a higher prevalence of dysregulations problems at age 2½ years. Children will be re-assessed at age 5 years to examine factors moderating outcome

Material and method: Children in this study participate in the prospective Odense Child Cohort. The Cohort has included 2500 families. During pregnancy and in the first 5 years, participants (mothers, fathers and children) have on a regular basis filled in questionnaires and donated biological material (blood and 24h-urin in pregnancy, umbilical cord and hair from new born, blood during childhood). Additional data on social factors, child development and parental psychopathology is provided from the Municipality and national registers. Information on emotional and behavioural problems is collected with CBCL/C-TRF 1½-5 at age 2½- and 5 years. We compare children with and without dysregulation on multiple variables to correlate risk factors and outcome.

Results: Collection of data started in January 2010, and all data until 2½ years of age will be available for analysis fall 2015. Preliminary results will be presented at the congress.

Conclusion: The strength of this study is the information collected prospectively from multiple informants, and the availability of biological materials from all children. Hopefully this study will provide information on associations between risk factors and resilience factors for the development of dysregulations problems in early childhood and the development to specific mental health problems at preschool age. Results may ad new knowledge about the trajectories for dysregulation difficulties in early childhood, and hopefully these opens up for possibilities to change pathways and prevent the development of severe mental health problems later in life.

P362 Infant sleep-wake behaviors at two weeks, three and six months

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Introduction: Although sleep developmental problems affect between 15 to 35% of infants and are major concerns to clinicians and parents, there is a lack of reference values in the literature on sleep for infants under six months old.

Aims of the study: This study described infant sleep-wake behaviors at two weeks, three and six months.

Material and methods: Ninety-four primiparous mothers completed measures on infant sleep hours, awake hours, awakenings, latency to sleep, and longest sleep period during the day and night at two weeks, and at three and six months. Two repeated measures MANOVAs were performed.

Results: At two weeks, in average infants sleep 13.3 hours (6.9 hours during the night) and spend 8.7 hours awake (4.1 hours during the night), awake 6.1 times, have a latency to sleep of 0.4 hours and a longest sleep period of 3.2 hours. At three months, in average infants sleep 13.0 hours (8.0 hours during the night) and spend 9.2 hours awake (3.1 hours during the night), awake 5.5 times, have a latency to sleep of 0.4 hours (0.5 hours during the night) and a longest sleep period of 5.2 hours. At six months, in average infants sleep 12.2 hours (8.2 hours during the night) and spend 10.0 hours awake (2.8 hours during the night), awake 5.2 times, have a latency to sleep of 0.4 hours (0.6 hours during the night), and a longest sleep period of 5.6 hours.

Conclusions: This study presents reference values for several relevant infant sleep-wake behaviors at two weeks, three and six months. Although, our sample present a higher rate of exclusive breastfeeding and bed sharing (at least once a week) than previous studies - two key variables associated with infant sleep-wake behavior in previous research - results are quite similar to those from earlier studies.

P363 Exclusive breastfeeding and infant sleep-wake behaviors

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Introduction: Findings from prior research into the effect of feeding methods on infant sleep are largely inconsistent regarding breastfed infant sleeping less time per day and during the night and in more reported sleep problems in breastfed compared to artificial fed infants. Few studies considered exclusive breastfeeding in association with infant sleep and more research is warranted to examine infant sleep-wake patterns in the first months according to feeding method.

Aims of the study: The objective of this study was to examine infant sleep-wake behavior at two weeks, three and six months, according with the feeding method at six months, and comparing exclusive breastfed infants, partial breastfed infants, and exclusive artificial fed infants. Multivariate Analysis of Variance (MANOVAs) were performed.

Material and methods: Ninety-four primiparous mothers completed measures on the feeding method at six months and infant sleep hours, awake hours, awakenings, latency to sleep, and longest sleep period (day and night) at two weeks, and at three and six months.

Results: Exclusively breastfed infants spend more hours awake and have a shorter longest period of sleep during the night than exclusively artificial fed infants; and both exclusively and partially breastfed infants have more awakenings during the night than exclusively artificial fed infants.

Conclusions: This study contributed to infant sleep research and practice by replicating differences in infant sleep-wake behaviors at six months according with the feeding method at six months, when exclusive breastfeeding is considered.

P364 Consultancy Observation – A Methodology to Promote Group Reflective Capacity

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This paper outlines the development of an observational tool, 'consultancy observations', based on the Tavistock method of observation. It has been developed for use when practitioners in early years settings have concerns about particular children in their care. The methodology facilitates the development of a shared reflective capacity, allowing staff teams to think together about a child's whole experience in their setting. This process encourages staff teams to consider their feelings and actions towards the child in question, gaining a deeper understanding of the child's experience. The paradigm is Interpretative, the methodology is qualitative, and the methods include observations and semi-structured interviews. Often members of staff gain insights into children's particular vulnerabilities and strengths. Through thinking and talking together, *reflecting*, staff behaviours change in subtle ways, thus changing the child's experience, for the better.

P365 The association of young infant negative behavior with dysfunctional maternal infant interaction in normal population during planned inoculation-a pilot observational study at Chinese community hospital

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Introduction: To investigate the effect of maternal infant relationship on mental health of young infant in normal Chinese population.

Aims or Purpose of the project or work described: 100 community samples was collected (dyads of mother and infant aged 0-6 months). Inoculation was used as stress for infant. Interactions between of mother and infant and infant behaviors were assessed by behavioral observation 5 min before, right during and 30min after the inoculation.

Description of the work or projects: The average 1-2 dysfunctional interactions were identified in 10 sample every day. Totally, 10 dyads of poor mother-infant relationship were screened out in the 100 samples. Maternal insensitive response, error emotional recognition/response, withdrawal, and intrusiveness predicted excessive crying, fussy, and more negative reactions toward mother, higher environmental arousal, and reduced joint attention.

Conclusions: The prevalence of poor maternal infant interactions in community might be much higher than expected. The outcomes highlight the necessity of early intervention for maternal interactions and study on the long-term role of the biological mechanism. Chinese parents or caregivers tend to use repressed defense to decrease the upset of infants by saying "not crying" or "be brave", which might reflect some typical culture feature.

P366 Biographic experience and conditions of life in a modern world - what does that mean for infants and parents? The role of analytic infant-parent psychotherapy. A report from the Freiburg Baby Clinic.

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The rapid changes in society, work and culture pose particular challenges to families with infants in Germany today. Modern life requires flexibility and availability regarding time and location. To this adds the desire of professional self-realisation by both parents and the aspirations to financial security. In contrast to these stand the emotional demands of babies: constant attention, secure attachment and being embedded in a supportive environment. Transition to parenthood can be seen as a prism in which biographical burdens, suppressed so far, light up clearly. The psychoanalytic infant-parent psychotherapy is one approach to the mind and the inner world of parents and infants. Along with the underlying unprocessed biographical experiences they show up in the parent-infant interaction as scenes which can be observed and decoded by psychoanalytic reflection. We want to present the interaction of internal and external influences, which show in symptoms of the infant, mother or father, as presented daily at the Freiburg Baby clinic, as well as our therapeutic approach to these.

P367 Behavior problems during toddlerhood in China: The role of infant withdrawal, maternal sensitivity to infant distress, and emerging delay ability

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Many parents and professionals believe that early behavior problems are developmentally transient and likely to diminish, as children grow older. However, a small but growing number of studies show that some early-emerging behavior problems may persist, and factors related to early-emergence should be considered in a community sample of young children (Mathiesen & Sanson, 2000). This study examined children's behavior problems in the toddlerhood, and their association with temperament, maternal interactive style in infancy, as well as toddlers' rudimentary self-control ability. The final participants were 86 Chinese children (with 46 boys) and their mothers. Mothers rated infant withdrawal when they were six months old (T1), and internalizing and externalizing problems when they were 1 year old (T2) and 2 years old (T3). Maternal sensitivity to infant distress (MSID) was observation-based at T1. Toddlers' delay ability assessment was laboratory-based at T3. The results showed early withdrawal was positively related to internalizing problems at T2, and externalizing problems at T3, respectively. Mothers' high MSID during infancy exacerbated the adverse effect of infant withdrawal on internalizing problems at T2. Delay ability during toddlerhood buffered the negative effect of infant withdrawal on externalizing problems at T3. These findings indicate that high infant withdrawal may place children at risk for developing maladaptive ways. Further, MSID and delay ability may serve as moderators affecting the association between infant withdrawal and later internalizing/externalizing problems.

P368 Declarative and procedural knowledge in early moral conscience: data and implications for development

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Introduction: People consider their moral self as more vital for them than any other psychological process (Strohming, Nichols, 2014). Having a moral conscience, an integrated system of self-regulation that consists of moral emotions, conduct and cognition (Kochanska, Aksan, 2006), is crucial from early development and is expressed both procedurally and declaratively.

Aim of the study: To investigate the relation between declarative and procedural moral development trajectories in preschoolers.

Material and Methods: An *ad hoc* instrument (MSPSP) was developed and applied in order to measure moral development. Three puppet stories, were created, in order to tap into the three moral main categories (emotions, conduct and cognition) children recognized within the stories. Data were also collected on the procedural side through 2 moral dilemmas situations measuring children's "Internalized Conduct" and "Concern for Others". N=143 preschoolers (N=76 girls; N = 67 boys; Mean Age=4.2) were enrolled in the study.

Results: A simple slope analysis shows that the effect of "Concern for Other" on the declarative moral conscience indexes increases for high - i.e. children aged 4 or older ($b=0.29$, $p=0.047$) - and decreases for low values of Age - i.e. children aged less than 4 y.o. ($b=-0.37$, $p=0.04$). The effect of "Internalized Conduct" on the declarative moral conscience indexes is significantly moderated (and increasing) only by High values of Age ($b=1.64$, $p=0.03$) but not for Low levels of Age ($b=-1.01$, $p=0.25$).

Conclusions: Only in children older than 4 moral dilemmas' indexes predict a high score on declarative moral development indexes. Though this procedural-declarative correspondence is quite a long-stated in literature on moral development, our data indicate that this link between the behavioral and the representational levels of moral development. is established and increasing by age 4. Implications of this process for the development of self coherence in infancy are discussed.

P369 Maternal attachment representations assessed during pregnancy, parenting stress and infant's temperament evaluated at 3 months of age: a correlational prospective study

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Introduction: Attachment theory assumes that parenting is a process of mutual adaptation between maternal personality characteristics and infant's temperament (Hong, Park, 2012). However, while literature has shown that infant's security of attachment is related to his/her temperamental characteristics, less is known (Priel, Besser, 2000) about the relation between maternal attachment and infant's temperament.

Aims of the study: This study investigated possible interconnections among the quality of maternal attachment representations, assessed during pregnancy, parenting stress and infant's temperament evaluated at 3 months of age. We are presenting data from an ongoing longitudinal study in the field of transition to parenthood, supported by grants from PRIN 2013/2016-20107JZAF4, Italian Ministry for Education, University and Research (MIUR).

Materials and methods: The sample was composed of 50 mothers ($M_{Age} = 35.3$ years, $SD = 4.7$) and their typically developing infants ($M_{Age} = 114$ days, $SD = 15.62$). During pregnancy mothers were administered the Adult Attachment Interview (Main et al., 2013). At 3 months of the infant's age, mothers filled out, in a counterbalanced order, the Parenting Stress Index (Abidin, 1995) and the Infant Behavior Questionnaire-R (Gartstein, Rothbart, 2003). Infant's development was assessed by the Griffiths Mental Development Scales 0-2 (Griffiths, 1996).

Results: Statistical analyses showed that *insecure* mothers reported their children as significantly less adjustable to novelty and less responsive to pleasant and low-intensity stimulations, more distressed to limitations and less soothable, compared to *secure* mothers. Moreover, the former reported more distress in parenting interactions and perceived their children as more difficult and poorly respondent to their expectations.

Conclusions: Maternal insecurity may affect parenting stress and infant's dysfunctional temperament. Thus, in line with the "*goodness-of-fit*" model (Chess, Thomas, 1999), mothers' insecurity may negatively impact on the perception of their infants, setting the risk for dysfunctional mother-infant interactions and the need for targeted interventions.

P370 A 23 months old girl diagnosed with pica and trichotillomania presenting trichophagia symptoms

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Introduction: Feeding and eating disorders are characterized by persistent impairment in eating and other eating-related behaviors, resulting in changes in the consumption or absorption of foods and leads to a significant deterioration in psychosocial functioning and physical health. The main feature of pica is eating one or more non-nutritive, non-food substances severe enough to warrant clinical attention continuously for at least 1 month duration. Trichotillomania is an impulse control

disorder characterized by the compulsive urge to pull out hair. Pica and trichotillomania are uncommon comorbidities, yet the research literature involving pediatric samples is particularly sparse.

Aim: In this case report we discuss close relationship between pica and maternal deprivation, the effect of trichotillomania comorbidities over the treatment process.

Case: 23 months old female child was brought to the outpatient clinic with decline in speech and eating hair complaints. Decline in speech had began 18-month old. She had lived with her grandmother for 40 days long before these complaints started. She started eating hair at 8 months of age. She was plucking and eating the feathers of the floor carpet and the sweater, the hair of her sister, and the rope of clothes. It was talked with her mother about the prevention of physical access to the material the child ate, explained that television should be restricted and the stimulants should be increased, preoccupation with play materials the other children can also join. There was regression of her symptoms after 1.5 months.

Conclusion: Several hypotheses have been proposed to explain pica and trichotillomania. Management of trichotillomania and pica involves psychoeducation, behavior therapy and teaching adaptive coping skills. Further research is needed to explore how the relationship between trichotillomania, pica and trichophagia may affect treatment outcome.

P371 Perceived maternal symptomatology and its influence on newborn's motor development. Study on non-clinical mother-infant (1-11 months) dyads

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Introduction: Newborn's first approach to the world takes place in the relationship with his/her mother. He/she builds his/her own experiences from mother's repertoire of facial expressions, voices, gestures. Contemporarily, the process of becoming mother entails a wide range of changes, which may lead to psychopathology conditions, among which post-partum depression is the most common. This disease is known to negatively influence maternal abilities and produce feelings of greater struggle in caring the infant, sense of guilty and poor self-efficacy. Motor development represents the principal field of observation in helping to infer infant's needs, feelings and intentions. Its investigation may be a powerful means to understand the influence of maternal attitudes (e.g. depressive-symptoms) on infant motor-development.

Aims of the study: The main aim of this research was to investigate the characteristics of motor-development in infants aged 1-11 months, and if/how maternal depressive-symptomatology may influence infant's motor-development during his/her first year of life.

Material&Methods: Data were collected within the wider Italian-validation-project of the Peabody Developmental Motor Scale-II (PDMS-2). Participants included 123 infants (1-11 months old) with their mothers. Infants were tested with PDMS-2 and mothers' symptomatology was screened with SCL-90-TR and CES-D. All dyads belong to non-clinical population. We calculated correlational- and regression-analysis between PDMS-2, SCL-90 and CES-D.

Results: The best predictor of infants' motor-performance is the age in months. Perceived maternal *somatization* negatively predicted infants' *Fine-Motor*-scores. On the contrary, positive correlations were found between depressive perceived symptoms, *Interpersonal Sensitivity*, *Hostility* and *Paranoid Ideation* and infants *Gross-Motor* abilities, especially *Locomotion*.

Conclusions: Results suggest that mother's perceived symptoms influence the ability of the infant to move through the space, while perceived levels of *somatization* negatively predict his/her fine-motor development. Age-in-months is the most accurate predictor of motor-performance. Further

analyses are needed to better understand relationship between maternal-symptomatology and infant motor-skills.

P372 Perinatal factors associated with autism spectrum disorder in a Hispanic community sample

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Introduction: Growing research demonstrates that perinatal medical conditions, environmental factors, maternal characteristics, and labor complications can increase the risk of autism spectrum disorder (ASD) in children. Such factors include older maternal age, heavy perinatal alcohol consumption (Larsson et al., 2004), younger gestational age of infant (Gillberg & Cederlund, 2005), and cesarean delivery (Glasson et al., 2004).

Aims of the study: Although some research suggests there are no significant ethnic differences in the rates of ASD, there is a paucity of larger, comprehensive studies that incorporate a multitude of risk factors specific to different ethnicities. This study attempts to uncover risk factors for at a Hispanic sample.

Material and methods: As part of a multi-site study on the creation of a new developmental screener, the following descriptive data was collected on a Hispanic community sample. Mothers (N=201) of toddler twins (N=402) completed a perinatal questionnaire and developmental measures such as the Modified Checklist for Autism in Toddlers (M-CHAT). The perinatal questionnaire included a detailed summary of maternal characteristics, pregnancy, labor/delivery, and postpartum period with the twins. The M-CHAT was used for its reliability in predicting autism risk in children as young as 24 months with higher scores (fail rates) indicating a higher risk for ASD (Pandey et al., 2008; Robins, Fein, Barton, & Green, 2001).

Results: The following perinatal factors were associated with higher fail rates on the M-CHAT: maternal characteristics (e.g. age of mother), infant gestational age, and obstetric complications.

Conclusions: These results confirm previous findings that suggest the aforementioned factors are associated with ASD in a community sample and suggest that Hispanic ethnicity is no exception to these risks. Results also confirm that the M-CHAT is a valid predictor of ASD in Hispanic children. Future analysis will compare our Hispanic sample with data collection from a current Caucasian sample.

P373 Gifted children: what do they suffer from?

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Today, it is generally accepted that children with high intellectual potential are more vulnerable to develop anxiety and mood disorders, as well as more frequent associated disorders such as specific learning disabilities. This retrospective study will focus on all the gifted children without autistic disorder followed in the child psychiatry unit of Bichat hospital in Paris. The sample will include around thirty patients. This descriptive study will estimate the prevalence of gifted children in the unit, sociodemographic characteristics of this population, the siblings' position, the reason for consultation, the diagnostic delay, the age at diagnosis, the associated diagnosis (ADHD, dyspraxia, enuresis, encopresis,..), the presence or absence of emotional disorders, the difficulties of schooling, etc. The aim of this work is to better understand the reasons why parents of gifted children go to consultation. And so, to determine which are the symptoms that can lead to the diagnosis of intellectual precocity.

P374 Cognitive development of infants and young children in institutions with different social environment

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Introduction: Our research of cognitive development of children in institutions with different social environment was conducted as a part of the project investigating the impact of early deprivation on the bio-behavioral mechanisms underlying developmental cascades of early childhood.

Aim of the study: The goal of our research was to investigate the differences in cognitive development of children in traditional institutions comparing with children in institutions with family-like social environment

Methods: To evaluate the levels of children's cognitive development we used three non verbal scales of MSEL: The Mullen Scales of Early Learning and two communicative scales of VABS: The Vineland Behavior Adaptive Scales.

Participants: In our research we recruited 38 children from 5 to 42 months old living in two institutions in Saint-Petersburg, Russian Federation.

Results: Children in the institution with family-like social environment showed significantly higher scores on measures of general cognitive development and, in particular, on the scales of Visual Reception, Receptive and Expressive Communication, comparing with children in the traditional institution. The trajectories of general cognitive development and the development of speech differ in two institutions: children in the institution with family-like social environment showed the higher speed of the cognitive and, in particular, communicative development, comparing with children in the traditional institution.

Conclusion: The proposed study can contribute to understanding the connections between characteristics of social-emotional environment of children in institutions and their level of cognitive development. Its results demonstrate the necessity of creating the family-like social environment in institutions for children's psychological development and mental health.

P375 Anxiety Disorders and Depression in Preschool and Early School Age – Course and Comorbidities

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Anxiety disorders show prevalence rates of 9-15% in preschool and early school age and are the most common mental disorders in this age range. Clinically significant depressive disorders are less prevalent with prevalence rates of about 2%. Internalizing disorders show moderate to high stabilities. Comorbidities between anxiety disorders and depression are frequently observed and are associated with increased psychosocial impairment. The aim of this study was to examine anxiety disorders and depression in terms of frequencies, comorbidities and course of the disorders at two measurement points (preschool age, t1 and early school age, t2). We expected heterogeneous courses from preschool to early school age and hypothesized that particularly children with comorbid internalizing disorders had a higher risk to still show any form of internalizing disorder at the second time of measurement. The sample consists of 203 children (49.3% girls) with a mean of 5;2 years at t1 and 8;4 years at t2. Internalizing disorders were measured twice with the Preschool Age Psychiatric Assessment (PAPA), a diagnostic interview with one of the parents. We found that 57.4% of the children who were diagnosed with an internalizing disorder or subclinical symptoms at t1 still were reported as affected three years later. 22.2% of the children with anxiety disorders and comorbid depression still were diagnosed with comorbidities, 51.1% showed pure anxiety disorders or depression and only 26.7% were in

complete remission three years later. There were no significant gender differences regarding frequencies of disorders or their course over time. Therefore, it is important to raise awareness in parents of children with internalizing symptoms. Parents should be encouraged not to ignore early symptoms and, if appropriate, seek professional assistance. Especially children who are affected by comorbid internalizing disorders seem to require an early intervention as soon as possible to prevent developmental delays or chronicity.

P376 How adoptive parents initially tell us about risk signs with their internationally adopted child

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The aim of the project is to enable development of preventive health service to adoptive families. The parents' reflections about themselves, the child and their relationship have prospectively been followed in an attempt to distinguish significant descriptions with respect to attachment and developmental difficulties. Adopted children and their parents were offered five psychologist consultations during their first 18 months together and a follow-up interview done 2 years later, i.e. 3,5 years after the adoption. Focus in the consultations was to follow the child's development and the parents' reflections about the child and themselves in the attachment process: follow the development of "their story," their ideas about what was going on in the child's mind, how they described what was going on in themselves and in the other parent, their affectional state when they described their relationship. In the interview 2 years later, focus was on the child's development and behavior and the parents' retrospective view, how they understood what had happened in the adoption/attachment process. Participants: 21 children with parents; 2/3 with "special-needs." Median age at adoption: 19 months. Conclusions: 8/21 children/families had need for more than five consultations. Most of the parents described some kind of developmental difficulties initially. If difficulties remained 4-6 months later it indicated persistent problems. Parents who initially described some kind of alienation from their child; both the child as a person and its behavior, proved to have severe difficulties in their relationship with the child later on. Some parents said the consultations saved them in a situation where they were afraid of becoming violent towards the child. Results from the follow-up interviews will be presented and discussed.

P377 Symptom cluster of chronic emotional abuse in 3 year old girl

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Introduction: It is known that child maltreatment can cause major behavioral problems and marked emotional difficulties. Maltreated children display more externalizing and internalizing behavior problems and more symptoms of depression and social impairment. Studies have shown that the chronicity of maltreatment could predict the level of child's relationship with peers and associated with problems of self-esteem.

Aim: To discuss symptom cluster and diagnosis caused by chronic emotional abuse and maltreatment, treatment approach and outcomes.

Case: A 3 year old girl presented with restrictive food intake, vomiting after feeding, self harming behavior (scratching her back until it bleeds, skin picking), temper tantrums, sleep onset problems, poor peer relationships. These symptoms began when the child started living with her father and stepmother after leaving her grandmother at age 2. In family history it was learned that her mother had a chronic kidney disease and died 3 months after birth and grandmother started to take care of her until age 2. Moreover, it was learned that the grandmother told the child her mother was

dead and had shown her mother's grave very often to prevent the child from establishing a relationship with stepmother. Therefore we evaluated grandmother's behavior as an emotional abuse, which triggered the symptoms. After family psycho-education about parenting skills and avoiding the emotional abuse by the grandmother in 6 months follow up, there was total regression of temper tantrums, self harming behavior, peer problems and partial regression of eating and sleep problems.

Conclusion: Traumatic events in early childhood and chronic emotional abuse can lead multiple psychiatric problems. Early interventions to change conditions of maltreatment could have significant effects of child's mental health.

P378 Clinical assessment of stress in medically complex children

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Introduction

1. Chronic stress is a major determinant of health.
2. Children with complex medical conditions may have their health further compromised by stressful medical procedures and hospitalizations.
3. These stresses often go unrecognized but not infrequently lead to PTSD in both children and their parents, who may then aggravate the stress in the children.

Aims of project

1. To develop a validated clinical assessment focused on stressful responses to healthcare investigations and interventions in children age birth to six years.
2. To educate bedside staff to recognize signs and symptoms of stress in young children and their parents.

Description of the project

1. Development of 2 questionnaires with face validity based on reviews by a variety of attending staff.
2. Feasibility initiative to assess the ease of use and usefulness of the measures.

Conclusions

1. Measures are seen as easy and useful to administer. Some changes are recommended.
2. Separate forms for different levels of cognitive and neurological functioning are recommended.
3. Plan to validate the measures using observational, questionnaire and physiological measures.

P379 Supporting families with premature infant for mother infant interaction

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Introduction: Current knowledge must be used to deliver best possible patient care. Pirkanmaa hospital district established evidence-based nursing (EBN) groups in 2012. The aim was to increase the use of research data in decision-making in nursing and to develop a coherent Research-based nursing practice

Aims: Aim of this EBN study was to improve the interaction between premature babies and their parents; and to describe how to strengthen and support families. A literature review was carried out on EBN in post-natal hospital care; and the data was used to produce new training guidelines

for nursing staff. Relevant studies for the literature review were found using appropriate keyword searches in CINAHL, Medline and SCOPUS databases; and selected based on practical implementation towards training for midwives and nurses.

Description: According to a summary of articles, nurses' observations help to identify key points in the interaction between baby and parent. Training for monitoring those interactions helps nurses to interact better with parents and offer support, which in turn increases the baby's well-being. The support by the nurses to parents gives a positive impact on the mother-child relationship. The mother's involvement during the neonatal hospital care including skin to skin contact and early breast feeding affects positively to maternal sensitivity and neonatal self-regulation later on. Lack of contact between the mothers and neonates have been linked to increases in behavioral and emotional disorders.

Conclusions: EBN group noted that training nurses to support mother-neonate interaction was useful. The nurse training material consists of both studies and tacit knowledge of experienced nurses working with neonates. Training begun in the spring of 2015 and is ongoing.

P380 The lausanne trilogy play as a psychodiagnostic and therapeutic tool - an innovative clinical experience with psychiatric children and adolescents

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Introduction: Considering the whole family as a structured subsystem defined on the basis of the members' different functions, this work focuses on the Lausanne Trilogy Play (LTP), which is a semi-structured interview procedure.

Aim: to test the LTP as a diagnostic and therapeutic tool for planning effective therapy tailored to each family and of evaluating their efficacy on children psychopathology, parenting skills and family's interactions.

Methods: The research is a longitudinal 36 months study ending in June 2016. The sample is being recruited at a Neuropsychiatry Unit in Padua, Italy, and consists of 3-18 y. patients and their parents, referred for psychodiagnostic assessment due to emotional - behavioral problems during one year time. The sample (a hundred families) is divided into two groups: in one the child is administered individual psychotherapy (30-50 sessions, held weekly or fortnightly); in the other, the child's treatment is associated with intervention to support parenting (20-35 sessions, monthly or bimonthly). The tests used during the diagnostic workup are the YSR 11-18, the SCL 90 R, the 20 TAS, the CBCL, the FES and the LTP, and the sample is to be retested every 6 months. The LTP is associated with video feedback for some of the parents (randomly grouped for said purpose).

Results and conclusion: Data confirm the value of the LTP as part of the diagnostic and therapeutic armamentarium in developmental psychopathology, both for identifying a family's dysfunctional and functional characteristics with a view to offering them early interventions, and for optimizing the use of resources by planning tailored therapies for children and parents. Specifically, results from the 3 years follow up study of the taken in charge families will be described.

P381 Staying tuned despite of trauma: Effects of a multifamily intervention for refugee families.

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Introduction: Parental complex trauma impacts parenting. This was demonstrated in refugees (Van Ee et al., 2012) as well as in parents living under marginal social circumstances (Kiser, 2015). Contributing factors interact: (epi-)genetic factors, contextual factors and disadvantageous circumstances. Recent studies reveal evidence for the relationship between parental trauma, parent-child interaction and the development of the child. A method to evaluate the efficacy of family interventions is crucial.

Study aims: This contribution presents an evaluation of Multifamily Therapy (MFT) for multi-problem families offered to severely traumatized refugee families with young children.

Method: Mother-child dyads (0-6 years) were included in the evaluation. A retrospective file search was conducted for a descriptive analysis of patients' characteristics, risk factors, psychopathology, and outcomes of treatment expressed in changes in child diagnosis. Outcomes of the 6 EAS scales were analyzed.

Results: Reveal significant improvement in Sensitivity (parent scale) and Responsivity (Child scale).

Conclusion: We conclude that the evaluation of this Infant Mental Health-group therapy in refugee families shows preliminary promising results: feasibility is good in this complex traumatized population and there is improvement in mother child interaction. Directions for future research include effect measurement using (epi-)genetic, neurobiological and attachment parameters.

P382 Inhibition in vocalisations and language development for babies and children with cleft lip and palate

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Over a period of 4 years we worked with a PHRC (Hospital Clinical Research Program) getting together 4 psychological and surgical teams taking care of clefts in France, which included 131 children with cleft lip (106 had cleft lip and palate), seen at 4 and 12 months. We noticed, during assessment, that they were more silent than other children without clefts. The PHRC assessed "the relational development of children with cleft lip or/and palate," influence of the time lapse between birth and the first surgery, and of the psychological perception of the anomaly by the parents. The psychological team was trained by Pr Guedeney in the use of the ADBB scale for the withdrawal assessment. We analysed the "vocalisations" item specifically in quality and quantity. A cleft palate has an impact on feeding but also on the development of language, because the soft palate forms a separation between mouth and nose, that the baby must close or open when he is sucking or speaking. It is therefore easy to understand the difficulties that such babies are facing at birth. All of them feel some discomfort when feeding, sometimes in coordinating breathing and feeding. The first experiences of orality are at least uncomfortable and sometimes painful, and the sensation of satiety hard to reach before the age when babies can discriminate their mother from themselves. During our ADBB Assessment, we noted that these children exhibited a low level of vocalisations in quantity even if the quality was good, and can inhibit themselves in certain

language situations. Thus, we propose a hypothesis: Could this early inhibition could be a mechanism of defence against a *fear of breakdown* (Winnicott – 1974), linked to their first experiences of orality?

P383 Moral precursors, temperament and attachment in 12-24 months infants

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Introduction: Infants assess others based on their social behavior toward third parts and prefer those who behave prosocially over those who behave antisocially (Hamlin & Wynn, 2011). The competence of distinguishing and preferring prosocial agents is part of an early inner system referred to as “moral precursors”.

Aims of the study: Our first aim is to verify the preference for individuals who act prosocially toward unrelated third parties over individuals who act antisocially in infants between 12 and 24 months of age. The second aim concerns the influence of temperamental characteristics and of the attachment model on the moral precursors system.

Material and methods: *Sample:* 25 infants (M=13, F=12) between 12 and 24 months, attending kindergarten.

Measures: prosocial-antisocial choice procedure (Wynn & Hamlin, 2011); *Early Child Behavior Questionnaire* (Putnam et al., 2006); *Attachment Q-Sort* (Waters, 1997)

Results: 11 infants (M=5, F=6) prefer prosocial puppet, while 14 (M=8, F=6) prefer the antisocial one. 20 months or less infants prefer the antisocial puppet (N=9) and only one chooses the prosocial one. Older infants prefer the prosocial puppet (N=10) over the antisocial one (N=5) and report higher *Attentional focusing* ($t(23)=1.82$, $p<0.10$) and *Cuddliness* ($t(23)=1.79$, $p<0.10$) temperamental scores, higher scores on the AQS ($t(23)=1.21$, $p<0.10$) and less *Frustration* ($t(23)=2.18$, $p<0.10$) and *Positive anticipation* ($t(23)=1.94$, $p<0.10$) temperamental scores compared to younger infants.

Conclusions: Results partially confirm Wynn's hypothesis on the early presence of prosocial preference. Younger infants tend not to prefer the prosocial character. Older infants that tend to prefer the prosocial puppet have a secure attachment and, compared to younger infants, have higher scores in some temperamental characteristics. Results highlight the role of temperament in the shaping up of early moral competence.

P384 The feeding disorders in early and preschool children

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Introduction: In recent years, eating disorders in children are considered as signs of other mental disorders or predisposition to them. In particular, distortions in the mother-child dyad play the role of the main etiological factor in the occurrence of eating disorders at an early age.

Aims or purpose of the project: The purpose of the study is to assess prognostic significance of eating behavior disorders in childhood.

Description of the work or projects: Conducted prospective clinical observation of 75 children aged 6 months to 7 years. 25 children were classified with autism spectrum disorders, 20 children were in a condition of maternal deprivation from birth, non-specific delayed motor and mental development, and the third group was of 30 children with emotional disorders. In children with

autism spectrum disorders vegetative gastrointestinal disorders (regurgitation, constipation, diarrhea, intestinal colic) were observed in the first year of life. These often included selectivity in food, habitual regurgitation, merycism, causeless vomiting after eating and the children needed drug therapy. The children in the second group had eating behavior that was associated with the degree of maturity of the nervous system, including regurgitation, constipation, and diarrhea. Therapy largely consisted of psycho-corrective activities. In the third group, appetite fluctuations corresponded to a change in emotional state (bulimia with the lack of feelings of satiety or food refusal, abdominal cramping without any reason). Therapy with antidepressants was used, as were teaching interventions.

Conclusions: The disturbances of eating behavior in children are of great clinical diversity, due to the mental disorders defining the clinical picture with implications for therapy.

P385 The case study of a two-year-old child and the rejection of a certain picture book

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Introduction: The picture books of Ryoji Arai are loved by almost all children. However, in the case of his picture book, "Here, There Comes the Sun" it was found that some abused children in infant care facilities responded differently and rejected the book. The aim of this study is to analyze the responses of children who were living at home with their parents.

Method: Twenty two-year-old children were shown the book one by one at their nursery school and their reactions to it observed. One of the children rejected the book as the abused children had, even though he was living at home with his mother. The author discussed the validity of the "Four Hypotheses" (Kawase, et al, 2015) in regard to this child.

Result and Conclusion: The four hypothesis were applied to the above child and the possibility of his having attachment problems, inappropriate rearing condition, and immature sensory integration was suggested and that these developmental problems may have been the cause of his not being able to enjoy the book. In conclusion, the author suggested that it could be possible to use the above book to find children who are in need of psychological treatments.

P386 Impact of maternal BMI on young children's weight and psychosocial development: the role of emotional availability and parenting stress

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Introduction: Maternal obesity may not only represent a health risk for mothers themselves, but also for their offspring's development.

Aims of the study: This longitudinal study aimed to evaluate whether maternal BMI, mother-child emotional availability (EA) and maternal parenting stress would be associated with children's weight and psychosocial development (i.e. internalizing/externalizing symptoms and social competence) and whether these predictors might interact with each other.

Methods: The study included 3 assessment points (approx. 11 months apart) and a baseline sample of N=194 children aged 5 to 47 months ($M=28.18$, $SD=8.44$, 99 girls) with their mothers. At t1, we measured maternal weight and height to calculate maternal BMI and videotaped mother-child interactions which we coded with the Emotional Availability Scales (4th edition). We assessed maternal parenting stress with the Parenting Stress Index (PSI)-short form. At t1 to t3, we measured height and weight of children and calculated BMI-SDS scores. Children's

externalizing and internalizing problems (t1-t3) and social competence (t3, N=118) were assessed by questionnaires: Child Behavior Checklist (CBCL1,5-5), Strength and Difficulties Questionnaire (SDQ: prosocial behaviour) and a German checklist for behavioral problems at preschool age (VBV 3-6: social-emotional competence).

Results: By applying structural equation modelling (SEM) and a latent regression analysis, we found that maternal BMI predicted higher BMI-SDS and a poorer psychosocial development (higher externalizing symptoms, lower social competence) in children. Higher parenting stress predicted higher levels of externalizing and internalizing symptoms and lower social competence. Higher maternal EA was associated with higher social competence. Moreover, we analysed moderation and mediation effects and found e.g. that higher maternal EA buffered the negative effect of maternal BMI on social competence.

Conclusion: Supporting stress reduction and improving mother-child interactions in a preventive approach might be fruitful for ensuring better psychosocial outcomes particularly in the offspring of mothers with an elevated BMI.

P387 Effects of a therapeutic educational environment on a child diagnosed with autism after an early medical trauma

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Introduction: This clinical investigation explores the effects of a therapeutic educational environment on a child with severe autism following a traumatic medical treatment for cancer. The medical trauma caused the child to display behaviors representative of Autism. The child was formally diagnosed and multidisciplinary interventions were implemented at the school, which helped the child process and resolve the trauma, this subsequently lead to the child losing the diagnosis of Autism.

Purpose: This study explores the interventions and the effects of a supportive educational environment on a child who experienced a medical trauma. The details of the case study can aid in our understanding of both medical trauma and Autism as well as provide valuable information for Early Childhood Educators in using a multidisciplinary approach in working with children.

Description: At 18 months old, the child, received a diagnosis of cancer. He underwent lengthy chemotherapy and surgery for the removal of a kidney. Following the procedures and recovery, he displayed signs of Autism. The child was assessed and diagnosed with severe Autism. At 3 years old, the child attended an integrated early learning centre, which offered individualized programming with multidisciplinary supports. The family was affected by the trauma and the autism diagnosis, expressing grief and concern. They worked closely with the multidisciplinary team, which included early childhood educators. Through interventions at the preschool and work with the family, the child was retested at the age of 6 and it was formally reported that the child had "lost" his diagnosis of Autism.

Conclusions: This clinical investigation demonstrates the importance that high quality, multi-disciplinary, early learning environments have in supporting children and families who have experienced trauma. While understanding the child's development and the interventions implemented to aid in the reversal of the Autism diagnosis and treatment of trauma over the three-year period.

P388 The complexity of maltreatment: a mixed methods study

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Introduction: Research to date on child maltreatment has largely overlooked the under five age group and shows a lack of qualitative research.

Aims: This mixed methods study combines a quantitative focus on the associations between care journey characteristics and mental health outcomes with a qualitative exploration of maltreatment in four different families.

Material and methods: Quantitative data was collected for 92 maltreated children entering care aged 6-60 months in Glasgow. Care journey data was taken from social care records and mental health and attachment assessments were carried out following entry to care. Qualitative data comprised of semi-structured interviews with professionals, foster carers and parents. Interviews were analysed thematically.

Results: *Quantitative* - Significant associations were found between suspected sexual abuse and increased DAI inhibited attachment symptoms ($p=0.001$) and between reported domestic violence and decreased DAI inhibited ($p=0.016$) and disinhibited ($p=0.004$) symptoms of attachment. *Qualitative* - Three key themes demonstrate the complexity of defining and assessing maltreatment; 1) overlapping maltreatment factors occur in most cases; an overlap that is often only identifiable during in-depth assessment; 2) the presence of emotional neglect and more 'subtle' maltreatment causes increases the complexity of a case; 3) maltreatment effects may interact with, and be inseparable from, other health-related causes of children's problems.

Conclusions: Whilst few associations were found in quantitative data, the qualitative data in this study has underscored the complexity of defining and assessing maltreatment in practice. We therefore suggest a new way of categorising maltreatment in research contexts and call for further mixed-methods approaches in generating greater knowledge about this highly vulnerable group.

P389 Psychoneurological follow up development in infants after surgical correction of congenital heart disease

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Introduction: Congenital heart disease (CHD) has been reported to occur in 5 to 8 per 1000 live births. Modern cardiosurgery opportunities help children with CHD to dramatically improve their health and life longevity, but at the same time the decreased cerebral blood supply and hypoxia can impair the brain development of children with CHD in utero and later after cardiopulmonary bypass surgery (CPB).

Aims: To assess the impact of CPB on psychoneurological outcomes in infants with CHD.

Methods. The study involved 105 patients of 1 to 3 years of age with surgically corrected CHD. The psychodiagnostics included the study of the cognitive and motor development with the Bayley Scales of Infant Development (BSID-II).

Results: The mental and psychomotor delay were found in 44,76 % of infants. The mean mental developmental index (MDI) was 90,7+14,25 and mean psychomotor developmental index was (PDI) 70,2+12,42.

Conclusions: The great number of CHD infants with psychoneurological delay implies the development of early psycho-diagnosis and psycho-correction measures for comprehensive treatment. Additional investigation is required to reveal the consequences of psychoneurological impairment during later childhood.

P390 3 year old boy diagnosed with anxiety disorder, nos(not otherwise specified)

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Introduction: Anxiety Disorder, Not Otherwise Specified is a diagnostic title including the situations which do not meet the criteria of a specific anxiety disorder, whereas the symptoms of fear or anxiety and associated avoidance behaviors cause significant distress and give rise to deterioration in psychosocial and developmental domains.

Aim: In this paper, effects of environmental factors and roles of attitudes of parents in the emergence of anxiety disorders that occurs in early childhood will be discussed within the frame of a case report.

Case: 3 year old boy, accompanied by his parents applied to our outpatient clinic with the complaints of crying and vomiting for two months. According to the given information, after witnessing an argument between his parents the boy became seriously anxious and cried continuously and vomited. With an excessive worry about the situation, parents brought their child to the emergency service. After other possible medical causes for the complaints eliminated by the emergency staff the patient was referred to our clinic. After the initial assessment the child was diagnosed as anxiety disorder, not otherwise specified, according to Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood, Revised Edition (DC:0-3R). Family was informed about the disorder and some behavioral advises were given. In the follow-up, complaints were completely disappeared by the end of the second month after they started.

Conclusion: Previous studies had shown that anxiety disorders in the infancy occurs as a consequence of a dynamic interaction between the personal characteristics of the infant and the environmental factors. The studies evaluating the efficacy and efficiency of pharmacological treatment of anxiety disorders of infants are not adequate and satisfactory. Thus, elimination of the environmental factors through the involvement of the parents to the therapy process is closely associated with the positive treatment response.

P391 Understanding RSA stability across infancy: Examining the relation between duration of breastfeeding and maternal perinatal depression

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High resting RSA and stability of resting RSA have been related to indices of greater autonomic state regulation (Bornstein & Suess 2000; Porges, 2009). In seeking to better understand the correlates or predictors of RSA in infancy, length of breastfeeding is one promising consideration. Breastfeeding's benefits in relation to RSA may include: breast milk's bioactive factors that contribute to optimal infant development, and skin-to-skin contact between mother and infant (Ballard & Morrow, 2013). Breastfed infants exhibited greater RSA stability than formula-fed infants (Pivik et al., 2015) and skin-to-skin contact during the early postnatal period was found to promote vagal tone development (Field & Diego, 2008). Since infants of depressed mothers have demonstrated lower resting RSA (Field et al., 2006), this study examined the role of breastfeeding duration in the association between perinatal depression and infants' resting RSA stability. We hypothesized that: (1) longer duration of breastfeeding would be associated with more stable resting RSA over infancy; (2) breastfeeding duration would significantly help predict resting RSA at each time beyond the effects of maternal perinatal depression. 202 women with histories of depression completed depression symptom scales throughout pregnancy and one year postpartum. Infant baseline RSA was measured at 3-, 6-, and 12-months. Breastfeeding duration

was negatively associated with depressive symptoms during pregnancy ($p=.03$) and 3 months postpartum ($p=.001$). Twelve-month-old infants breastfed for at least 6 months had higher resting RSA ($p=.03$). Infants' RSA was moderately stable in those breastfed through 3 and 6 months. Regression analyses results did not support Hypothesis 2. Infants breastfed less than 3 months or less than 6 months showed moderate stability but only risk for the development of psychopathology. Findings will be interpreted in terms of the potential for breastfeeding to enhance vagal maturation even in the context of risk for the development of psychopathology.

P392 Infant care planning in the mother baby unit

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Located in Victoria, Australia, is the Mercy Mental Health Mother Baby Unit. Both persons in the mother baby dyad are admitted to this specialist unit in the western suburbs of Melbourne. However, due to the severity of the mothers mental illness, often care planning is strongly focused on the mother and therefore less so on the infant. Mothers admitted to the unit are often experiencing distressing symptoms related to low or high prevalence illnesses, at times this may overshadow the experience of the infant. As the governance of the mother baby unit sits with a large adult mental health service, care planning has been predominantly adult focused. At this turning point in the life of the infant, care planning that is detailed, individualized and frequently reviewed is essential. This care planning recognizes infants in their own right is and is focused on the social, emotional and physical health and safety of the infant in addition to their relationships. Both mother and baby require well considered and evidence based care planning. This brief oral presentation will highlight some of the elements of infant care plans that have been implemented in the mother baby unit and will demonstrate how these can be used in conjunction with the care planning for the mother.

P393 Dialectical behavior therapy based skills training group for boys with emotional regulation problems

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Introduction: Dialectical Behavior Therapy (DBT) originally developed by Marsha M. Linehan, (University of Washington) to treat female outpatients diagnosed with borderline personality disorder. DBT is an integrative treatment that blends the change-based strategies of cognitive behavioral therapy with Eastern philosophies and acceptance-based approaches. Self-destructive behaviors are viewed as the patient's attempt to cope with painful emotions. DBT teaches patients more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors.

Aims or Purpose of the project or work described: This pilot project was designed to adapt the original DBT group skills training program for 5-12-year-old boy patients who have behavioral, aggression management and emotion regulation problems. Group targets affective and behavioral dysregulation by teaching patients mm. coping skills, problem solving and effective social skills.

Description of the work or projects: DBT skills group intervention consisted of 10 weekly 45-min sessions which taught patients age standardized psychoeducation about emotion regulation, mindfulness and DBT skills. Every session included discussions, exercises and home assignments. This pilot sample consisted of fifteen patients who completed pre- and postprocess survey (The Mood and Feelings Questionnaire MFQ, Strengths and Difficulties Questionnaire SDQ and feedback survey).

Conclusions: Preliminary results suggest that DBT skills training group for boys seems to be encouraging pilot intervention. This intervention could be short and cost-effective way to help boys with emotional regulation, behavioral and interpersonal problems. It seems that skills training group process reduces their depressive symptoms, helps boys to change their own maladaptive behaviors and increases their ability to control their emotions. More experience and research is needed.

P394 Correlations between the investment profile of maternal and baby's psychological solutions: research on a "dyadic semiology" problems of construction of the primary link

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A fertile apprehension of early "psychosomatic" disorders is to envisage them in the light of a birth crisis whose development is disturbed by an adjustment error between a "difficult" child and a woman feeling awkward (or not) about her capacities. A dyadic semiology, still to be constructed, could grasp more precisely the early disorders generating liminal pathologies. Preliminary analysis of 33 "clinical" dyads demonstrates significant configurations of particular interest: three "formants" of maternal investment called "seduction", "transmission", "transformation" appear significantly linked with three kinds of psychopathological solutions in the baby: somatic regulation disorders, disorders of the Perception/Representation system, behavioural and functional regulation disorders. Evaluation of dyadic stress is quantitative (EPDS (mother) and ADBB (baby) and PIPE (interaction) or EVA) and qualitative ("formants" of maternal investment and baby's psychopathological solutions). Distribution of symptomatology of "investment deficient" (transmission deficiency, transformation deficiency, seduction deficiency) babies and of "excess investment" (seduction in excess, excess of transmission, excess of transformation) babies will be presented for 8 dyads. The "formants" of maternal investment are a three-stringed braid. In our eight dyads, this three stringed braid dysfunctions. Primary dyadic space and coregulation occurs in an asymmetric transmodal "cogenesis" between baby's subjective nebula and fantasies and praxis of mothering. This "cogenesis" is altered in three specific ways we will describe more precisely.

P395 The predictors of hot and cool self-regulation in early childhood

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The theoretical assumptions of developmental psychologists (e. g. Piaget, 1999; Metcalfe & Mischel, 1999) and emerging empirical evidence (Brock et al., 2009; Willoughby et al., 2013) highlights the value of distinguishing dimensions of hot and cool self-regulation. As many research suggest different developmental outcomes of hot and cool regulation (Allan & Lonigan, 2011; Hongwanishkul et al., 2005), little is known about differential antecedents of both dimensions of self-regulation in early childhood. Thus the main purpose of this study is to analyze the early child, maternal and child-mother interaction predictors of hot and cool self-regulation. This study is the part of the longitudinal study. The participants were 142 children (71 girls and 71 boys, mean age is 50.27 mo). Two dimensions of child's self-regulation (hot and cool; using tasks adapted from Kochanska et al., McCabe et al., 2004 and Fagot & Gauvain, 1997), child's nonverbal reasoning

abilities (using CPM (Raven, 1997)), mutually responsive orientation between mothers and their children and maternal interaction styles (during structured and free play) were assessed at age of 4 years. The maternal reports on her experienced distress, maternal coping strategies (using Coping with Children's negative emotions scale (Fabes et al., 1990)) and self-efficacy (using Maternal self-efficacy scale (Van Ijzendoorn et al., 1999) were collected at 3, 6, 18 months, 2 and 3 years. The findings revealed that higher hot self-regulation was associated with girl gender, better early maternal emotional well-being, her less intrusive and withdrawn behavior during free play. Elder child's age and more advanced child's reasoning abilities, as well as higher maternal education and her less controlling behavior during free play significantly predicted higher cool self-regulation. The emergence of different antecedents of hot and cool self-regulation supports the value to recognize the multifaceted nature of self-regulation in early childhood.

P396 Meaning of body contact that is found in infants' play : From the viewpoint of approaching

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Introduction: To explore the meaning of the body contacts which infants perform in play, a longitudinal observation on body contacts was carried out with 3, 4, and 5 year-old children (Tukazaki, 2011). Recently, it was suggested that an approaching behavior to other influences our personal space (Yamamoto, 2008); we compared the differences among ages.

Method:

Subjects and environment

- The subjects for this study were 30 children from 3 age groups daily attending a kindergarden in Yamagata, Japan. They were 4, 5 and 6 years-old (18 boys, 12 girls). All children were mobile and could walk or run freely through playrooms.
- Behavioral Variables and Data collection: Children's positions were recorded by digital video camera. To locate the positions of children and other children or caregivers, a large screen was marked off in a grid corresponding to 100 × 100-cm squares laid across the floor of the playrooms. the position of every child and caregiver could be plotted on scale maps of the classroom.

Result:

- Age differences in social distances with caregiver increased with age. 4 year-old children stayed closer to their caregiver than older children. However, distances to nearby playmates decreased with age.
- Older children (6 years-old) use body contacts more skillfully as a tool and a means than younger children (4 years-old).
- The duration time of approaching behavior to other child decreased with age. Younger children often used longer approaching behavior to participate in play than older children.

Conclusions: These findings indicate that the spacing of young children follows a typical pattern: infants initially stay close to caregivers, gradually taking up positions farther from them and closer to peers in play. In conclusion, we need to analyze the context before and after the body contacts of children to investigate their meaning.

P397 Cortisol secretion in children raised in typical and family-like institutions

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Introduction: Children raised in institutions frequently suffer from a variety of behavioral, emotional, and neuropsychological problems. Early caregiving environment is an important factor that may modulate physiological and behavioral responses to stressors through the modulation of activity of stress response systems, such as the hypothalamus-pituitary-adrenal (HPA) axis. This study presents data of the impact of early timing in the different types of institutions for children left without parental care on regulation of the HPA axis.

Material and methods: This study included typically developing children and children with Down syndrome living in institutions with care as usual and with a family-like environment. Children were assessed at age between 2 and 56 months. Blood samples were collected in the morning time. Plasma cortisol levels were measured using the enzyme-linked immunosorbent assay (ELISA). A comparative analysis of children living in typical and family-like institutions will be presented.

Result: The results showed differences in the cortisol concentration between groups of children with Down syndrome: children from the institution with a family-like environment had higher morning cortisol concentration in comparison to the children from the typical institution. The results allow to suppose that circadian rhythm of cortisol secretion in the group of children from the family-like institution is not flattened in comparison with children from the institution with care as usual. No significant difference in the cortisol concentration between typically developing children living in the institutions with care as usual and family-like was found.

Conclusion: The results of our study showed that early caregiving environment of the institution might be a powerful regulator of activity of stress-response systems. Moreover, the results allow to conclude that children with Down syndrome are more sensitive to the influence of early caregiving environment in comparison to typically developing children.

P398 The Self that resounds: a systematic review on psychodynamic and neuroscientific basis of music therapy approach with children

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Introduction: Music therapy is a systematic process of intervention wherein the therapist, through the sound-musical element, establishes a relationship with the client aimed at prevention, support, rehabilitation, or psychotherapy treatment. According to a psychoanalytic perspective, listening and playing sounds/music favors regressive processes (Kohut, 1950; Kris, 1952; Di Benedetto, 2000) because of early sound experiences during intrauterine life (Nathanielsz, 1995; Trevarthen, 1998) and first object relations (Winnicott, 1971; Anzieu, 1985). In *active music therapy* interventions (non-verbal setting, free improvisation, sound dialogues) these processes allow the patient to work on his emotional, relational and expressive skills.

Aims: This study aims at identifying the psychodynamic processes and empirical studies highlighting the clinical/methodological validity of the music therapy approach in prevention and support of child development and treatment of specific childhood psychopathologies.

Methods: I conducted a systematic review of the most relevant theoretical and research contributions in psychodynamic and neuroscience fields about the sound element in early child

development and relationships, through written sources and electronic database (PubMed, ResearchGate, Scopus).

Results: The main theoretical bases of the techniques used in *active music therapy* can be summarized as follows:

- Anzieu's theory of *sound envelope of the Self* (1976; 1985), as primary form of communication and Self awareness;
- the importance of maternal voice for the development of infant attitude to resonance (Imberty, 2000);
- Stern's conceptualizations on musical parameters of *vitality affects* and the *affect attunement* mother/child (1985);
- the ontogeny of intersubjectivity and its *communicative musicality* (Malloch & Trevarthen, 2010);
- the sound dimension of *affective implicit memory* (Mancia, 2004);
- neuroimaging studies on music effects on the *Mirror Neuron System* of individuals with ASD –showing reduced activity in those regions of the brain (Molnar-Szakacs et al., 2009).

Conclusions: Music therapy revealed to be based on solid theoretical and empirical assumptions about the sound dimension of early development, communication and relationships; thus, it seems a valuable tool to support child development and treat childhood pathologies with deficit of communicative/expressive/social skills, by acting on primary processes related to self, affectivity and intersubjectivity.

P399 Would you lie for me? Prosocial lying for peers and adults in children between three and five years of age

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When children deceive a person for the good of somebody else, it is referred to as prosocial lying (Broomfield, Robinson, & Robinson, 2002; Fu & Lee, 2007; Lee, 2013). Recent research mostly focused on children lying out of politeness (Lee, 2013; Talwar & Lee, 2002; Talwar, Murphy, & Lee, 2002) or to protect an offender in court (Talwar, Lee, Bala, & Lindsay, 2004). This study investigated $n = 34$ children between three and five years of age, divided into two conditions. The experimental setting aimed to reduce the likeability of participants to lie for another reason, but out of an others-serving motivation. Children all came from Northgermany and additionally participated in an egoistic lying task and in the full or a part of the Intelligence and Developmental Scales—Preschool (IDS-P; Grob, Reimann, Gut, & Frischknecht, 2013) to find predictors of prosocial lying. One quarter of the children lied prosocially. Findings were independent of age, gender, experimental group, egoistic lying, theory of mind or social-emotional competence. Children with a lower score in delay of gratification were more likely to lie prosocially. The used sample is small and the study needs to be replicated to find if results are reliable. Even though three year old children showed the ability to lie prosocially. All prosocial liars were lying for an experimenter and adding a peer as beneficiary was not increasing their motivation to do so. The question remains, if peers and friends differentiate somehow from strange adults as beneficiary. Furthermore, prosocial lying and egoistic lying was unrelated in this study. Therefore, it seems to be outdated to understand prosocial lying just as a special form of lying. Research needs to focus on it as a form of prosocial behavior as well. Therefore a new study was designed and will be currently realized.

P400 Feeding during small-group care in a Japanese orphanage for infants

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Introduction and aims of the study: In Japanese orphanage for infants, a transition is taking place from 'large-group care' (10-15 infants and 6-9 caregivers share a large room for daily living) to 'small-group care' (4-5 infants and 3-4 caregivers share a room). This study evaluated the differences in caregiver behaviour due to the transition by comparing what transpired during feeding.

Material and Methods: During feeding in large groups, caregivers assisted 3-4 infants of the same age. Ordinarily, these infants were divided into younger infants (8-17 months) and older infants (≥ 18 months) while in small groups the younger and older infants were fed together (mixed-age group). The three feeding groups were video-recorded during caregiver-infant interaction. The following were assessed for three minutes after feeding began in 18 feeding sessions (six sessions per group): 1) appearance of infants and caregivers (facial expressiveness, smoothness of communication, etc.) and 2) how caregivers connected with infants (encouraging them to eat, adjusting to infant's pace of eating, etc.).

Results: A multiple comparison performed on the three groups using the Kruskal-Wallis test showed a significant difference ($p < .05$) in 'smoothness of communication'. Next, a multiple comparison was performed with the Mann-Whitney U test using the Bonferroni method. Results showed a significant trend in the differences among groups for 'smoothness of communication'; the older infant group scored higher than the mixed-age group ($p < .10$).

Conclusions: Regardless of how feeding was organized the caregivers tried to make feeding enjoyable. However, less communication was likely to take place in the small group, perhaps because the caregivers focused on assisting the younger infants with eating, resulting in less interaction with the older infants. Thus, even in small groups, when infants of different ages are fed simultaneously, caregivers may need to actively avoid bias in their involvement with the infants.

P401 Disease experience in pediatric HSCT survivors and their families: a qualitative analysis of subjective perception.

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Introduction: Only a few studies detect qualitative aspects of patients who underwent hematopoietic stem cell transplantation (HSCT) during childhood (Bingen et al., 2012). Most of them use standardized questionnaires without describing simultaneously the experience from the point of view of the child, the siblings and the parents.

Aims of the study: To explore thoughts and disease perception of HSCT experience, 5 years after the procedure. Secondary aims are to describe meanings groups about pediatric HSCT and to observe statistical correlations between perception areas.

Material and methods: Pediatric HSCT survivors, their siblings and parents were asked to answer an open-ended single question about subjective disease experience by writing a brief composition. Socio-demographic, medical data and psychological problems reported by the Youth Self Report (YSR) and the Child Behavior Checklist 6-18 (CBCL) (Achenbach & Rescorla, 2001)

were also collected. Correspondence Analysis of the texts obtained was performed with T-LAB (Ver. 8.1.4; Lancia, 2007).

Results: Ninety six compositions were obtained. HSCT survivors focused on passive meanings such as "made me" ($V=5.13$; $p=0.00001$), "lost hair" ($V=4.86$; $p=0.0001$), "memories" ($V=4.86$, $p=0.000$). On the other hand, siblings focused on the "sick sibling" ($V=16.73$; $p=0.0001$), and on themselves as "I" ($V=6.05$; $p=0.0001$). HSCT survivors who do not complain internalizing symptoms at YSR focus on "received support" ($V=3.21$; $p=0.0001$), "thanks" ($V=2.44$; $p=0.0001$) and on "psychological support" ($V=2.14$; $p=0.0001$) as do parents who do not report symptoms at CBCL. Children who present internalizing symptoms at YSR, as parents who detect any symptoms at CBCL, focus on "siblings", "home", "healthy children".

Conclusions: Achenbach test scores over normative cutoff were significantly associated to reported meanings about broken families with a separation between parents and affected child versus healthy children.

P402 The pediatric kidney transplant: analysis of the parent's affective and communicative representations.

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Introduction: Kidney transplant overwhelms childhood's affective understanding capabilities. Children and their family need to be prepared and supported throughout every stage of the process.

Aim of the study: To analyse parents' representations related to transplant experience, in order to assess resources and/or criticalities and develop better care pathway.

Material and methods: Parents answered to an open-ended single question on the theme "Transplantation experience: my perspectives as a parent" describing their experiences, and completed an ad hoc questionnaire about personal and clinical data. Sixteen parental couple were enrolled (13 male, mean age 6.45 years, mean age from transplant event 3.43 years, range 1.93 to 2.38): mothers' mean age 39.5 years, fathers' mean age 41 years. Five children received living donor transplant (3 Mothers /2 Fathers), 15 children underwent dialysis - median length 15 months. Thirty texts (16 Mothers) were processed with T-Lab – text analysis software – to study content occurrences related to 6 variables: parent sex, child age, child age at transplant, dialysis length; deceased/living donor.

Results: There were some differences between mothers and fathers: mothers focus on "life before transplant" ($V_{test}=1.98/p=0.048$) and "responsible management therapies" ($V_{test}=1.98/p=0.048$); fathers focus on "open up to the future" ($V_{test}=2.47/p=0.016$) and "necessary realistic approach" ($V_{test}=2.47/p=0.016$). We noted that age was relevant to "need to believe" (respectively: $V_{test}=2.67/p=0.01$; $V_{test}=2.02/p=0.044$) and "feel the little child" (respectively: $V_{test}=2.5/p=0.015$; $V_{test}=2.48/p=0.016$).

Conclusion: Data suggest the possibility to isolate significant affective-communicative topics related to the transplant process. Further study may provide better tools for understanding the entire process - shared by family and the healthcare team - in order to relieve both children and their parents and siblings from transplant traumatic dimensions.

P403 Comparative study between displaced and non-displaced children and adolescents in the Gaza strip at the time of war

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Introduction: During the war, many families have been compelled to leave their houses causing a negative impact on their lives especially children and adolescents.

Aims of the study: This study aims to investigate the effect of displacement on the children's and adolescents' mental health at the time of war.

Material and Methods: The sample consists of 622 students aged 12-18 years old. Of them, 220 (35.4%) were male and 387 (62.2%) were female. War-traumatic events were measured by *War-Traumatic Events Checklist (W-TECh)* including three categories: personal trauma, witnessing trauma to others, and seeing demolition of property. Posttraumatic Stress Disorder was measured by *Post-Traumatic Stress Disorders Symptoms Scale (PTSDSS)*. Anxiety was measured by *Anxiety symptoms scale*. Depression was measured by *Child Depression Inventory (CDI)*. Coping was measured by *Adolescent-Coping Orientation for Problem Experiences (A-COPE)*. Resilience was measured by *The Resilience Attitude Scale*.

Results: 57% (N: 353) have been displaced to another area during the war. Significance difference was found between displaced and non-displaced children and adolescents with regards to exposure to war-traumatic events, PTSD, anxiety, and depression. On the other hand, no significant difference was found in coping and resilience. 60% of displaced children and adolescents met the diagnostic criteria of PTSD compared to non-displaced ones according to DSM-V.

Conclusions: displacement aggravates the effect of exposure to war-traumatic events which facilitate the development of PTSD and other mental health problems.

P404 Mentalization competence of nursery school teachers and thoughts to their importance for the mental health of infants

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Introduction: Mentalization is a quiet new approach in psychology. It is based on attachment theory and is extending it tremendously. It is a very basic human function of attributing mental states. Using it gives a possibility of "reading" social and intrapsychic actions. Mentalization becomes the base of self-formation, agency, affect regulation or group ability. It is acquired in a sensitive interactional process during childhood. With an increasing stress level a regression into "prementalizing" states becomes likely.

Aims of the study: To work with infants requires a developmental psychological idea, of mentalization. But what happens if a nursery school teacher is feeling highly distressed, to which results does this lack of mentalization lead? The basic hypothesis are 1. The mentalization of nursery school teachers has an influence on social-emotional development of infants, 2. the emotional-cognitive knowledge about mentalization helps to understand the behaviour better and 3. it also helps to remain conducive in challenging situations.

Material and methods: Within the scope of a cross section analysis the data will illustrate a) dimensions of mentalization b) the regulation of affects c) the individual level of distress and disorder d) aggressive feelings e) memories of the educational quality to own parents f) as well as other demographic dimensions are determined by means of psychometrical measuring. By inferential statistics analyses central trends, correlations and effects will be illustrated in a sample of N = 200.

Results, conclusions: The data collection is going to take place in December 2015. Mentalization contributes substantially to a more deliberate perception of oneself and others. Therefore it will be expected that a high level of mentalization correlates positively with a more realistic and exact perception of distress feelings and successful coping strategies. Due to the interactional component with infants a high level of mentalization should have a positive effect to infants.

P405 Sex-related similarities and variations in infant-father emotional ‘dialogues’

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Introduction: There is inconsistency in the evidence regarding infant sex-related cooperation in infant-parent interaction; either the establishment of co-regulation may be easier for same-sex pairs versus other-sex dyads or other-sex dyads are favored versus same-sex pairs.

Aims of the study: We aimed to compare systematically ‘emotional coordination’ and ‘non-matching’ in spontaneous dyadic interactions of infant girls and boys with their father.

Method: Towards this aim, six infant girls and five infant boys were observed in the course of spontaneous interactions with their fathers at home from the 2nd to the 6th month of infants’ life. ‘Emotional coordination’, was evaluated with three measures: a) *matching* (one partner expressed the type of facial expression of emotion of the other partner), b) *completion* [one partner expressed the positive valence of facial expression of emotion (pleasure, interest) of the other partner]; and c) *attunement* (one partner expressed the shifts in the direction of emotional intensity of the other partner). ‘Emotional non-matching’ was coded when neither the infant nor the father showed interest in interacting with the other. In ‘emotional coordination’ or ‘non-matching’ between father and infant, who performed first was also recorded.

Results: This study provided evidence of *variations* which are summarized as following: a) Though girls attuned to paternal emotional intensity, the way fathers changed their emotional states did not affect significantly boys’ emotional intensity, b) both infant girls and boys initiated emotional matching and completion of paternal emotions more than vice versa, c) Though the developmental trajectories of girls’, boys’ and fathers’ pleasure and interest were non-linear, changes were non-significant.

Conclusion: Within the frame of the theory of innate intersubjectivity, we assumed that girl-father and boy-father dyads may vary in the way they adjust timing, form and energy of emotional expressions to obtain inter-subjective synchrony.

P406 Maternal anxiety and depression and infant mental health outcome

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Longitudinal data on maternal anxiety and depression and infant feeding and sleeping problems during the first year of life, were collected on 93 women, diagnosed with depressive and anxiety disorders from 18–23 weeks of gestation to 12 months postpartum, and their infants. Maternal depression and anxiety were indicated by high scores on the Edinburgh Post-Natal Depression Scale (EPDS), Hamilton Anxiety Scale (HAMA) and State-Trait Anxiety Inventory (STAI) as well as clinical psychiatric investigation. A comparative group consisted of 35 women without mental health disturbances and their infants. Correlations between maternal anxiety and depression during pregnancy and first year of infant life, and infant mental health outcome were investigated.

Our findings support a relationship between maternal anxiety and sleeping and feeding problems in their infants. Sleeping disturbances and feeding disturbances in infants of 6-12 months were found in 76% of the group of mothers with depression and anxiety disorders, and in the comparison group - respectively - 30% ($p < 0,001$). Analysis of the main indicators and of the comparison group shows the importance of the differences, and shows significantly higher prevalence of feeding and sleeping disturbances in infants whose mothers suffered from depressive and anxiety disorders during pregnancy and after childbirth. The high degree of comorbidity of sleep disorders in infants with eating disorders were confirmed. The prevalence of sleep disorders in the study group is comparable to those of other authors. The same investigation also reported that sleep disorders were the most prevalent disorders in infancy compared with the subsequent period of development. Due to the negative impact of depressive disorders in pregnant women and mothers on the psychosocial development of children, timely diagnosis and adequate treatment are shown to be central to prevention of infantile developmental difficulties, especially during the first years of life.

P407 Genetic influences on infant stress regulation

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This study examined the effects of Catechol-O-Methyltransferase (COMT) and Brain-Derived Neurotrophic Factor (BDNF) genes on infant stress regulation, an important element for resilience in the face of adversity. Sixty-five mother-infant dyads were assessed as part of a larger longitudinal study of the effects of perinatal psychopathology. Saliva samples were collected for genotyping and to ascertain cortisol levels before and after a psychosocial stressor (20-, 40-, and 60-min post), the Still Face Paradigm. Infant affect and behavior during and after stress exposure were coded. Cortisol response mobilization, Infant Distress during the still face episode (mother is unresponsive for 2 two minutes) and Infant Positive Affect and Behavior (i.e., positive affect, responsivity, and social engagement) during the reunion episode (mother re-engages in free play with infant) were used as indices of regulation. Chi-square tests ($n = 65$) revealed that children homozygous for the "G" allele of COMT rs4680 were least likely to exhibit mobilization of the cortisol response from baseline to post-stress, $\chi^2(2, 34) = 6.598$, $p = .037$. In turn, ANOVA ($n = 35$) showed that children homozygous for the "A" allele of BDNF rs6265 had the lowest levels of positive affect and behavior during the post-stress reunion, $F(2, 64) = 3.408$, $p = .039$. There were no associations between genotype and negative affect during the stress challenge. Although preliminary due to small sample size, findings are consistent with links reported between COMT genes and cortisol response among school age children and adolescents (Walder et al., 2010; Armbruster et al., 2012), as well as associations between BDNF genes and low positive affect among adults (Terraciano et al., 2010). This research extends findings to infant mental health and demonstrates early genetic effects on stress regulation, which may set the stage for later resilience or vulnerability for psychopathology.

P408 The ability to represent emotions in 30 month old chilean children: Relationship to gender, temperament and parental ability to represent emotions

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The aim of the research is to describe the ability to represent emotions in 30-month-old children. This means, the ability to produce facial movements intentionally to do "as if" one is experiencing

it a certain kind of emotion (Ekman, Hager & Friesen, 1981; Ekman, Roper & Hager, 1980; Ekman & Oster, 1981). The main purpose of the study is to describe the number of children that are able to represent emotion at this age, and describe the intensity of the representation. Also, the investigation included the purpose of study how the ability to represent emotions is related to the temperament and sex of children, and also with the ability to represent emotions in parents. To achieve the objective, the study included the database of 80 children who participated with their parents in this assesment. The assessment included the implementation of The Early Childhood Behavior Questionnaire to evaluate temperament, and also the Emotional Representation Assessment to meassure this ability in adults and children. The results show that only few children at this age are able to represent emotion (23,75%) and that positive emotion (happiness and proud) were more frequent than negative emotion (sadness, anger, fear, shame). The results also show that this ability is related to negative affects dimension of temperament, showing that children described as "difficult children" in the Early Childhood Behavior Questionnaire are less capable of representing emotions. The results also show that this ability is related with a higher facial intensity of the parents representation. There is no gender related difference in the ability to represent emotions; however boys are more capable to represent the emotion of anger with higher intensity tan girls.

P409 The importance of building autobiographical memory in the treatment of children with ASd.

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The aim of this work is to show the importance of building autobiographic memory in children with asd. We will present a follow up of 5,6 years treatment of an autistic child. The evaluations were taken in an independent way by recognized centers of research in Italy. The rehabilitation program was a parent-mediated intervention one, taking into account the individual profile in sensory reactivity and motor planning. Parents work together with a professional team and school and the intervention was evaluated every three months. The child was severe autistic in the first ADOS and other standardized test, but after 5 years of teatment was classified as typical development. The crucial point in his treatment was the appearance of a great anxiety and sadness followed by a crisis when he recognized himself not talking when he was 4,5 years in familiar videos he has already seen but not integrated in his history. This crucial moment reorganized important topics of typical development; asking his mother about death, understanding jokes, and lying for the first time. This process allowed him to recognized himself in the past and project his future and normalized his development. His peers, helped him in this process, talking about the past, interactions with them, showing old photographs, remembering him as he was in kindergarten, and his interactions with them. Autobiographical memory, as Damasio said, is built into relationships and working inside relationships may allow children with asd to reach levels of typical development.

P410 Analysis of motherhood constellation in young mothers with and without depressive symptoms indicators

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Introduction: Motherhood constellation (MC) is a theoretical tool to examine the mother-infant relationship. In Brazil, little is known about This theme among adolescent mothers, even less in presence of depressive symptoms. Aims of the study: This study investigates the motherhood

constellation in young mothers with and without depressive symptoms indicators, through a multiple case study design, of a contrastant nature.

Materials and methods: Two first-time mothers (19 and 22 years old), whose babies were nine months, were interviewed. Qualitative content analysis of the interviews was based on the four themes of the MC.

Results: Although on the *life-growth* theme no differences were observed between young mothers in relation to feelings and concerns about the survival and physical development of the baby, on the subject *primary relationship*, the mother with depressive symptoms indicators showed, at some times, little emotional involvement with baby. Differences between the cases were also found on the theme *support network*. It was observed an absence of female figures in the support network of young mother that presents depressive symptoms indicators. Instead, on the *identity reorganization* theme, similarities became evident, because, although they have taken the maternal identity, young mothers had to reorganize themselves facing typical developmental issues, such as vocational training and insertion in the labor market. This reorganization seems to have been more difficult for the participant who presented indicators of depressive symptoms.

Conclusion: These findings indicate the need for professional attention regarding mental health of young mothers during this period of psychic restructuring that is becoming a mother.

P411 Thinking about toddlers in a perinatal and infant mental health service

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Introduction: It is well recognized that parental mental health is a key determinant of infant and child wellbeing. Additionally, behavioural disturbance in infants and toddlers may be an indicator of parental mental ill health. While it is recognised that such behavioural disturbance left unaddressed may lead to long term mental ill health and a suboptimal developmental trajectory, there are gaps in services for toddlers and pre school age children. Raphael Services Bendigo is a Tier 2 specialist perinatal and infant mental health service in a regional Australian city, providing mental health care to parents and their children in the perinatal period, up to the index child's fourth birthday. Raphael Services Bendigo aims to address the mental health needs of toddlers by providing parent-toddler psychotherapy as a key aspect of parental mental health care, with the aim of improving mental health outcomes for these children and their parents.

Aims of the work described: To provide a case study illustrating some ways to understand, consider and treat toddler behavioural disturbance whilst also treating parental mental illness.

Description of the work: 1) A brief discussion regarding the importance of identifying and treating toddlers' behavioural disturbance in the context of parental mental ill health.
2) A case study of maternal perinatal depression and associated toddler behavioural disturbance, formulated and treated with reference to psychotherapeutic literature.

Conclusions: This case study may provide ideas regarding ways to work systemically in a perinatal and infant mental health service.

P412 Regulation disorders of sensory perception: two decades in review

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Introduction: "Regulation Disorders of Sensory Perception" is a nosological entity contemplated in the diagnostic classification system DC: 0-3, since 1993. However, it hasn't yet been contemplated in the two main diagnostic classification systems – DSM and ICD.

Aims of the study: We set out to review the literature on this topic, looking to gather the main findings published since 1993 and infer on its eventual legitimacy to integrate the main classification systems.

Methods: PubMed and MedLine databases were revised on this topic.

Results: The literature found is quite revealing of growing interest and debate on this matter, being manifest syntonetic conclusions in different studies conducted.

Conclusions: "Regulation Disorders of Sensory Perception" hasn't yet been contemplated in the two main diagnostic classification systems due to the lack of diagnostic and statistic criteria properly adjusted to age and developmental stage. However, last few years have been fertile in conclusions about this topic, turning predictable its integration in those systems, in a near future.

P413 Perceived parenting stress in the course of postpartum depression: The buffering effect of maternal bonding

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Introduction: Postpartum depression (PPD) bears a risk for the developing mother-infant-relationship as it often affects maternal bonding (MB). Moreover, postpartum depressed mothers frequently report higher parenting stress (PS).

Aim: Aim of the study was to investigate the link between and the development of MB and PS in the course of PPD compared to a control group.

Methods: $n = 31$ mothers with PPD according to DSM-IV and $n = 32$ healthy controls completed the Postpartum Bonding Questionnaire and the Parenting Stress Index-SF at two measuring times: acute depression (T1) and remission (T2).

Results: At T1 the clinical group reported lower MB and higher PS. MB was found to partially mediate the link between maternal diagnosis and PS. Furthermore, the clinical group reported lower MB and higher PS averaged over both measurement times. However, at T2 the clinical group still differed from the controls even though they improved in MB and reported less PS. A significant increase of MB was also observed in the control group.

Conclusion: Maternal bonding seems to buffer the negative impact of PPD on PS. The results emphasize the need for interventions focusing on MB and mother-infant interaction in order to prevent impairment of the mother-child relationship.

P414 Maternal post-partum depression, anxiety and parenting stress: associations with mother-infant interaction and affective regulation

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Introduction: Post-partum depression, maternal anxiety and parenting stress negatively influences maternal parenting and mother-infant interaction.

Aims of the study: To evaluate associations between maternal depression, anxiety and parenting stress and to explore how these conditions of risk could influence mother-infant interaction and affective regulation at infant 3 months.

Materials and method: 64 mother-infant dyads were recruited. At infant 3 months, maternal depression with EPDS, maternal anxiety with STAI-Y and parenting stress with PSI-SF were evaluated; mother-infant interactions were coded with Care-Index and a modified version of ICEP.

Results: Depression is positively correlated to anxiety state and to the total stress scale. Anxiety state is positively correlated to all parental stress scales. With regard to interaction, maternal controlling style is positively correlated to depression and anxiety state; infant difficult style is positively correlated to maternal anxiety state. All maternal conditions of risk are associated to negative affective regulation.

Conclusions: Maternal depression, anxiety and parenting stress are associated at infant 3 months. High scores of maternal depression and anxiety are correlated to less adequate interaction and affective regulation between mothers and infants. The results highlight the importance of screening in the post-partum to implement early preventive intervention programs.

P415 Can we effectively screen for neurodevelopmental difficulties in the very early years?

A consideration of methods and timing

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Introduction: It can be argued that early intervention in, and therefore early identification of, neurodevelopmental difficulties is optimal for long-term outcomes. It remains to be established how early and how best we can reliably screen for such difficulties.

Aims: To explore how early we can screen for neurodevelopmental difficulties using data from a range of high quality research studies using cohort data and data linkage.

Material and method: We present a consolidation of findings from across our research programme to facilitate debate on the above question. These include comprehensive analyses of video observations of parent-child interactions at one year of age from the ALSPAC study; examination of birth records and child health surveillance data from the first 2 months of life in relation to Strengths and Difficulties Questionnaire (SDQ) scores at 5 years (ChILD study); exploration of augmentation of child health surveillance practice with structured checklists and its impact on health visitor decision making at 13 months.

Results: We have found that existing administrative data and health visiting practice are reasonably good at identifying children who need extra support, but that this is enhanced with the use of formal and more detailed measures. Neither known data alone, nor professional 'hunch', are sufficient in the very early years - the use of observation checklists and formal screening instruments enhances identification of problems and professional decision-making.

Conclusion: Our data leads us to argue that screening in the very early years is potentially useful, with careful attention to methods and timing required.

P416 Neurodevelopmental concerns at age 4 and adjustment to life circumstances at age 6

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Introduction: The correlation between language and behavioural problems in early childhood and adverse physical, mental health and social outcomes in late childhood and into adulthood is now widely acknowledged.

Aims: The aims are as follows:

- To investigate whether children with language and/or behavioural difficulties at age 4 are more likely, than their typically developing peers, to struggle with adaptation to life circumstances at age 6.

- To explore any protective or risk factors involved in mediating this relationship.

Methods: Data from the Growing Up in Scotland national birth cohort study are used. Language and behavioural development are measured at age 4 using parent-reported concerns and the Strengths and Difficulties Questionnaire (SDQ). Measures of adjustment to life circumstances include; attitude to school life, language & behavioural development, social activities and general health at age 6. Logistic regression and linear regression models are fitted in order to explore independent associations between language & behavioural development at age 4 and adjustment to life circumstances at age 6, whilst controlling for other contributing factors.

Results: Follow-up results from each of the four diagnostic groups (Language problems, Development/Behavioural problems, Language and development/behavioural problems, no problems [control]) will be presented. I will discuss how each group differs in their adjustment to life circumstances and explore any potential resilience factors.

Conclusion: There is increasing national interest in the predictive power of tests of early development, and analysis of data from the Growing Up in Scotland study will provide useful insights into factors influencing language and behavioural development.

P417 Persistence of neurodevelopmental difficulties; preschool to early school age: data from a population level administrative dataset

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Introduction and aim: To date, much of the evidence around pathways of development of childhood mental health disorders has focused on later childhood and adolescence, with studies predominantly based on parent-reported symptoms, which are compounded by the parent's own mental health. This study uses teacher-rated longitudinal data to explore trajectories of mental health difficulties.

Method: Goodman's Strengths and Difficulties Questionnaire (SDQ) was completed by nursery and school staff at preschool in 2012 and then at age 7-8 in 2015. These were completed as part of routine data collection by Glasgow City Council Education Services. Data were linked with demographic information on individual children. Approximately 3,500 children had SDQs at both time points. Persistence of difficulties and changes over time were assessed. Multilevel models were fitted to indicate which individual and school level factors contributed to worsening levels of mental health difficulties over time.

Results: Results suggest that prevalence levels of mental health difficulties in Glasgow City are similar to those of children in the UK overall, though with higher levels of hyperactivity/inattention at age 7-8. Persistence of difficulties over the first three years of school was relatively low, with the highest stability (hyperactivity/inattention) at 40% of children having an abnormal score at both stages. Models suggest that worsening scores are associated with being male, having been under the care of the state, being of a White UK ethnic origin and being in a school with a higher proportion of children from low income households.

Conclusions: Although we can pick up some children who will continue to have mental health difficulties during childhood, stability from preschool is low. Certain demographic factors indicate an increased risk of developing such difficulties during the first few years of school and these children should be given extra support if necessary.

Poster Session 12: Observation and Assessment

P418 Depressive symptoms and insulin resistance in over-weight and obese children and adolescents

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Introduction: obesity in paediatric population is a public health concern in modern society, with all posterior consequences in adult morbidity/mortality. Portugal is one of the European countries with the highest prevalence of paediatric obesity. In our clinical practice, we frequently observe obese children and adolescents, presenting depressive symptoms, anxiety symptoms and sexual abuse history. The clinical picture often includes increased appetite and compulsive food intake. The relationship between depressive symptoms and obesity physiopathology is being study, but paediatric studies are rare.

Aims of the study: three hypotheses in our study were evaluated: 1 - depressive symptoms are positively associated with insulin resistance markers; 2 - obese children and adolescents have higher CDI scores; 3 - children and adolescent with maternal/paternal depression or absence of parental figure have higher CDI scores.

Material and methods: a sample of children and adolescents was collected from the Paediatric Department (endocrinology, nutritional and adolescent consultations). Inclusion criteria: BMI>P85, absence of any psychiatric diagnosis/organic pathology or medication that interferes with glucoses metabolism or with weight. Sample characterization: age, gender, education, family pattern and type, socioeconomic status, family history of depression or obesity. The families had to fill an informed consent and each individual had to respond to the Child Depression Inventory (CDI) and submit for laboratory testing to evaluate glucoses metabolism. Two groups were formed with CDI criteria for clinical depressive symptoms.

Results: our data are being obtained.

Discussion: the study of the association between depressive symptoms and insulin resistance can enrich the evaluation of paediatric obesity and can contribute to the validation of a systematic evaluation in this special population, including screening for depressive symptoms.

P419 A psychologist-parent's views on conflict, adversity, and resilience: Trisomy 21 case study

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Introduction: During pregnancy parents form an idealized representation of their child-to-be (see Foley, 2006). Later, medical, temperament, or other challenges might obscure this likeness. Perceptions of less innate capability (e.g., intellectual, social, behavioral) then undercut parents' attempts to bond, stimulate, or set high expectations. But what if parents were encouraged—even coached, guided, and shown—how to keep early mental images vibrant amidst (*seemingly*) dashed hopes and dreams?

Aims or purpose of the work described: A Trisomy 21 medical diagnosis qualifies infants for early intervention. For a decade and a half, the presenter has supported her son in his challenge of society's prognosis for persons with that particular genomic cluster. "He has a 'Double Scoop' I decided as I basked in his intelligent gaze...By side-stepping the genotype's socially-constructed label, I isolated its phenotype as a more-or-less *byproduct of social beliefs*."

Description of the work: This work—in the tradition of Piaget—draws upon the presenter's collated know-how of psychologist, parent, and doctoral student in infant and early childhood development. It applies a traditional (see Bowlby, 1969/1982) plus modern (see Shore, 2012) attachment theory lens to challenge (*prophetic*) Trisomy 21 outcomes. "My infant son was diagnosed with a triad of the 21st chromosome. As a seasoned parent, I knew what I saw: intellect, acumen, and aptitude. His cleverness, astuteness, and brainpower needed nurturing *de rigueur* to develop: but a *mother knows!*" Historical documents (e.g., medical records, photographs), anecdotal experiences (e.g., others' reactions), recent assessments (e.g., medical records, IQ test), academic records (e.g., schoolwork, grades), and observations (e.g., athletic performance) illustrate the case analysis.

Conclusions: Children with Trisomy 21 are expected to underachieve intellectually and adaptively; per this case study, such outcomes may more accurately reflect *self-fulfilling prophecy* or *universal learned helplessness* (see Abramson, Seligman, & Teasdale, 1978).

P420 Communicative musicality and group cohesiveness: a new focus in parent-infant-psychotherapy

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Research on early rhythmic coordination in dyads and small groups supports the assumption of a general relational capacity of babies long before the establishment of attachment-relationships and family roles. It describes narrative structures in the exchange of sounds and gestures between infants and adults as well as among infants in babies triads (communicative musicality) and highlights expressions of proudness/shame in the first year of life as related to reciprocal understanding/misunderstanding. Besides, in groupanalytical therapy with groups of mothers and babies group cohesion has emerged as a reliable sign indicating levels of understanding. Excessive dyadic involvement breaks cohesion and can be understood and resolved in the context of group dynamics. In parent-infant-psychotherapy parents, baby and therapist form a small asymmetrical group. Paying attention to the dynamic in this group, baby included, and attuning to the specific expression of early communication according to communicative musicality allows for therapeutic interventions aimed to establish or raise group cohesion. In suitable sequences of the therapy the therapist will focus therefore on group communication rather than on dyadic or triadic family interactions. Two clinical examples will show that interventions targeting group cohesiveness have a strong impact on the course of therapy. The positive changes in dyadic interactions and in family development seem to be lasting. **Conclusion:** We draw attention on the early communicative skills described as communicative musicality and on groupdynamic aspects in early infant development. Taking this in account provides the therapist with a new approach in parent-infant-psychotherapy, completing the already established approaches. Further research is required for assessing the effectiveness suggested by the reported cases.

P421 The usefulness of the presentation of T.B. Brazelton's neonatal behavioral assessment scale in various clinical and research fields

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Introduction: This communication proposes to relate different clinical and research fields where the presentation of Brazelton's neonatal behavioral assessment scale showed multiple possibilities to allow the father-mother-baby relationship to grow and facilitate the meeting.

Descriptions of the study: A research study revealed significant discrepancies in the NBAS, notably on the regulation of excitement (RA BELOT, D. VENNAT, France) in infants with early somatic expression. Moreover, the priority given to the skills and abilities of the baby in its reality often allowed a readjustment in triadic relations when faced with the intensity of intra-psychic conflicts reactivated on the occasion of birth and fostered the early intersubjective encounter. Another clinical study on a multicultural population marked by traumatic exiles, insecurity, poor access to care and communication difficulties (A. CARON, Belgium) has provided a parenting support system. The presentation of the NBAS promotes the emerging capabilities of the baby and shows the extent of the registry of early skills to the parents. Finally, the regular practice of the NBAS in the maternity hospital and pediatric care (RICHARD S., Switzerland) offered multiple benefits: the opportunity to shape a harmonious development of interrelations for the future of the baby and his or her family. The scale also allows the definition of a common meeting space that can become transitional as well as parenting support. In addition, some of the presentations of the NBAS scale revealed intra-psychic conflicts of mourning and old traumas not developed among parents.

Conclusion: These studies on neonatal skills all contain a healing dimension. We will present clinical vignettes to illustrate these. New dynamics in the interaction made it possible to shape and positively change the attunement process.

P422 Infant Day Hospital Treatment in a Dutch Mental Health service, what works and for whom?

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Introduction: Three years ago Reinier van Arkel, a mental health hospital in the south of the Netherlands started an infant daytreatment program for infants, toddlers and preschoolers aged up to 5 years old. Infant treatment is a very promising new field of work, with potentially very beneficial effects on child-parent interaction and preventative effects on the development of later psychiatric disease.

Aims or Purpose of the project or work described: In order to get a better understanding of

- What components of the infant day-treatment are appreciated by parents?
- What specific infant or parent characteristics predict a better outcome?
- How long effect lasts?
- How can the treatment results improve?

Description of the work or projects: Infants and their parents attend the center and the program once a week for 12 weeks. There is a maximum of four parent-infant dyads in the group.

Referral (by GP's or clinical professionals) is for diagnostic or treatment purposes or both. The first phase consists of an observational period to assess the quality of the parent-child interaction. Subsequently parents receive psycho-education in groups about several relevant themes. The infants get a full psychiatric review and if needed neuropsychological testing. Information from possible hospital admission is reviewed. Most of the treatment is tailored at the individual needs of the family. Because of the psychiatric problems in some parents, education about the effect of parents own psychiatric problems on parenting is offered. There is education on attachment and typical infant development as a group intervention. A survey is carried out to better understand the effects of the day-treatment.

Conclusions: The results are shown in the poster. Infant characteristics and treatment satisfaction will be discussed.

P423 Feeding disorders in infancy and mother-infant interaction: the construction of an observative protocol

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Introduction: Literature shows a relation between infant feeding disorder and mother-infant interaction disorder. Feeding and interaction are primarily related during first months of child's life, when - thanks to feeding - mother and infant get in touch and know each other. Feeding disorders assessment in infancy must consider both infant and caregiver characteristics, both their relationship. The stability of these disorders represents a risk factor for developmental, behavioural and personality disorders.

Purpose of the project: The main aim is to construct an Observative Protocol to assess mother-infant interaction during feeding, assuming that infant feeding disorder has not only an organic base, but also a relational component. The study aims also to analyze the relationship between: (1) infant's temperament and mother-infant interactions during feeding; (2) parental stress and mother-infant interactions during feeding; (3) infant's temperament and parental stress; (4) social support and parental stress; (5) parental stress and transgenerational aspects.

Description of the project

10 mother-infant couples (average infant age: 25.67 months at T1 and 36.83 months at T2) with feeding disorders and other organic disorders (e.g., prematurity, CP, etc) have been observed and videotaped. Mother-infant interaction during feeding was assessed with the ad hoc *Observative Protocol* in two times, interposed by rehabilitation treatments, mother-father-infant psychotherapy and psychoeducational indications. Other instruments used for mothers and infants psychological assessment were: *Questionari Italiani del Temperamento*, *Parenting Stress Index - Short Form*, *Parental Bonding Instrument*, *The Multidimensional Scale of Perceived Social Support*.

Conclusions: Preliminary results show qualitative improvement of mother-infant interaction during feeding (with more mother-infant reciprocity) and of infant feeding disorder. The agent for change was probably the total care, with strictly therapeutic and educational aspects.

P424 A longitudinal study assessing cultural differences, language scale validity and predictive validity of the Bayley-III in a Danish, low-risk sample

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Introduction: Bayley Scales of Infant and Toddler Development is one of the most widely used assessment instruments for infants and toddlers and is used both for clinical assessment and research. However, when using an American test like the Bayley Scales in other countries, cultural differences might affect test performance and scores, making it important to validate such a test cross-culturally.

Aims of the study: The aim of the study was three-fold:

1. To validate the use of the Bayley-III in a Danish context by comparing scores from a Danish sample with the American norms.
2. To validate the Bayley-III language scales in a Danish setting by comparing Bayley scores with scores from a parent-completed child language questionnaire.
3. To investigate the predictive validity of the Bayley-III by comparing scores from earlier assessments with scores from a 3 year testing.

Material and methods: 33 normally developing children aged 2 years and 40 children aged 3 years were tested with Bayley-III, which measures cognitive, language and motor development.

Their parents filled out the Macarthur-Bates Communicative Development Inventories, which measures expressive language.

Results: The scores from the Danish children were significantly different from the American norms at both ages on several scales. The correlation between the language scales from the Bayley-III and the CDI was significant at both 2 and 3 years. The Bayley scores from 2 and 3 year testings were significantly correlated on 4 out of 5 scales.

Conclusions: Caution need to be paid when using the Bayley-III in a Danish setting because of possible cross-cultural differences between Danish and American children. However, the language part of the test seem to be usable in a Danish context. Regarding predictive validity, test scores at 2 and 3 years seem to be related to some degree on most subscales.

P425 Screening procedure for children with autistic spectrum disorder (ASD) by portable eye-tracker device

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Early diagnosis of ASD children is important for preventing the secondary disorders and also starting intervention programs. Eye tracker devices are known to discriminate ASD children by where they are looking at. Many of the studies have been done on expensive desktop PC devices that suspected children should come to institutes for testing. In order to develop a simpler and more convenient device, we have used Tobi X2-30 with a lap top computer and a series of drawings including socially conflicting stories. Fifty-seven children (39 boys and 17 girls, 2-10 years old), diagnosed as ASD with IQ over 85 in Japan participated. We have compared their results with 102 typically developing children (TD) (54 boys and 48 girls, 2-10 years old). Children with ASD had difficulties with calibration, had lower sampling rate and quicker eye movements and lower rate of gazing. Combination of these results, we were able to screen out children with ASD (wilks λ .894, discriminating rate 71.1%). Children with ASD also spend less time gazing at faces as was suggested in previous studies. Where children with ASD look at, such as faces, eyes or mouth may be important information for social skill training. But as suggested in this study, the difficulties children with ASD face may be more basic, that is keep concreting for the calibration or controlling their gaze movement steady of and still when necessary.

P426 A comprehensive infant mental health approach in the public health system

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With a rising incidence and a steady growth of children being referred to Infant mental health services, a structured assessment is required.

Purpose of the work described: We will describe a thorough, comprehensive and contemporary infant mental health approach to assessing psychiatric difficulties among children 0-5.

Description of work: In the Region of Southern Denmark we have been working on developing strategies to improve Infant and Early Mental Health services. The rapid psychosocial development in early childhood calls for a “narrow developmental context” and with a rising number of referrals to our services, it has been necessary to develop a systematic approach. New legislation on “Patient rights” and limited resources in the healthcare system, requires a shorter time spent on each case. To deliver this we have developed a very focused and structured assessment strategy. Children with specific emotional or behavioral symptoms that interfere with typical development, are assessed over 4 subsequent days in our outpatient clinic. The child is accompanied by one or both parents. The assessment is multidisciplinary, including interviews, observations and standardized tools as CBCL, BAYLEY, PC-ERA, PSI and ADOS. Diagnostic is done according to ICD-10 and DC:0-3R. Conclusion is provided to parent and network through meetings and an integrated summary, with recommendation on an individualised treatment plan. The time from referral to case clearance is on an average 7 weeks. In conclusion we have developed an approach to Infant Mental Health assessment with a short timeframe, from referral to diagnosis, using a range of standardized instruments and diagnostic tools, with the assessment done in a narrow developmental context. The approach is to great satisfaction for the family and local network, and at the same time we meet the political agenda of fast and thorough service.

P427 Analysis of play behavior in infants, toddlers and young children

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Introduction: Children’s play has often been used as a clinical tool for assessment and intervention. However, little contemporary research exists on developmental capacity of children for learning and expressing increasingly sophisticated play, or the meaning of children’s play from a cognitive developmental perspective.

Aims of the study: The present study analyzed the play activities of children aged 8, 12, 18, 24, 30, 36, 42, 48, 54, and 60 months with the objective of determining the cognitive understandings of play at each age.

Material and Methods: Play of a sample of 200 children aged 8 months to 60 months was assessed with the Developmental Play Assessment (DPA). The DPA is a standardized play behavior assessment based on categories of play behavior that represent increasingly complex behavior categories constructed from the literature (Lifter, 2000). It consists of a 30-minute, videotaped sample of a child playing with four sets of toys that were assembled according to standards for size, weight, color and purpose to be compatible as a set, not elicitive of specific behavior, but appealing to children across the age span of study. Graduate student observers trained to administer and score the children’s activities demonstrated high Interrater reliability.

Results: There was a general trend for children’s play behavior to show (1) high frequencies of simple behaviors at relatively younger ages; (2) more variety and frequency of qualitatively different behaviors in relatively older groups; (3) very limited occurrences of some the categories of play described in the literature; and, (4) a general linear trend toward more complex behavior with increasing age.

Conclusions: Children’s play is related more to cognitive developmental capacity at each age than previously recognized. This finding can help inform clinicians when they interpret play behavior in assessment and intervention.

P428 The Parent-Toddler Interaction- Multiaxial Assessment (PTI-MAXA): A reliable and valid candidate instrument

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Introduction: Vast majority of the methods used to assess the quality of the interaction between the primary caregiver and the baby were qualitative assessments and assessing either one side of the couple (mother or baby) or only the interaction.

Aims of the study: We aimed to investigate the preliminary reliability and validity findings of an instrument (Parent-Toddler Interaction- Multiaxial Assessment [PTI-MAXA]) which was developed to assess and quantify the quality of interaction between the parent and 1-2 year-old toddler in a laboratory setting.

Material and methods: The sample includes forty (mean age:16.74±4.2 [12-24] months) toddlers. Mothers completed the Maternal Separation Anxiety Scale (MSA), Parental Attitude Research Instrument (PARI), and Brief-Infant and Toddler Social Emotional Assessment (BITSEA). Parent-Infant Relation Global Assessment Scale (PIR-GAS) is also scored by two blinded researchers. In addition, Bayley Development Inventory is used. The videotaping included five Sections (*Free Play, Tidy up, Questionnaire, Structured Play, and Separation-Reunion*). Both the parent and the toddler were scored on ten items on five-grade (1:very bad to 5:obviously sufficient) Likert type scale in PTI-MAXA (items: *physical involvement, affective expressiveness, pleasure, responsiveness, reciprocity, joint attention, non-intrusiveness, adaptive flexibility, support, and acceptance*) by two blinded researchers.

Results: Internal consistency scores of PTI-MAXA were found to be excellent (Cronbach α : 0.92-0.95). Interrater reliability of the PTI-MAXA scores were good. PTI-MAXA-maternal scores were significantly correlated with Bayley mental and motor scores, and inversely correlated with *Brief-Infant & Toddler Social-Emotional Assessment Scale (BITSEA)*-problem scores of the children. In addition, PTI-MAXA-toddler scores were significantly correlated with BITSEA-competence and Bayley-mental scores of the children. Finally, PTI-MAXA scores were significantly correlated with PIR-GAS and MSA scores.

Conclusion: The PTI-MAXA can be a reliable and valid candidate instrument to be used to evaluate quantitatively the domains of quality of the mother and toddler interaction.

P429 Diagnosis in infancy and childhood: towards a psychodynamic assessment

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Introduction: Diagnosis during infancy and childhood represents a difficult issues for clinicians: relational and developmental features of child psychopathology, as well as specificity of symptomatology, interweave with the complexity of individual and family functioning, requiring a consideration of specific characteristics for this age group.

The **aim** of this work is to present the assessment process in infancy conducted on the basis of the Second Edition of Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood (IEC 0-3) of the Psychodynamic Diagnostic Manual (PDM-2 Task Force,in press).

Description of work: The special section dedicated to mental health disorders in infancy and early childhood (IEC) proposes a diagnostic system grounded on a biopsychosocial developmental model, specifically focused on 0 to 3 years olds. This section offers a comprehensive and multi-axial approach to the diagnosis, which integrates the description of symptom patterns with their underlying dynamics and the individual's subjective experience,

relational patterns, and emotional functioning. Furthermore, this section has been expanded with the introduction for each axis of clinician-friendly assessment scales whereby the clinician could formulate a clinical relevant profile of the infant or child. Moreover, most relevant assessment tools for clinical use complete each axis. A Psychodiagnostic Chart that summarizes the outcome of the assessment process will be illustrated. The Chart includes: functional emotional developmental capacities (Axis II), regulatory-sensory processing capacity (Axis III), relational patterns and disorders (Axis IV), and other medical and neurological diagnoses (Axis V) as determinant components of a multi-axial diagnosis to infant disorders (Axis I).

Conclusion: The IEC of the PDM-2 represents a great improvement in the diagnosis and treatment of mental disorder in infancy and provides significant advantages to the assessment from a psychodynamic perspective. Further example of the assessment process in infancy are needed since they show great utility for the clinicians.

P430 And who cares about the baby? Critical considerations about the method of Infant Observation

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The goal is to reflect on Infant Observation critically and to suggest a change: adding video based analysis of the baby to IO or even using it as a suitable substitute. All theories including psychoanalytical theories are part of a commonly-perceived zeitgeist. Thus they are affected by a certain mind blindness. In the 1960s and 1970s, for example, the theories of Erikson were preferably taught, in the 1970s and 1980s the work of Mahler, was the theory of choice. Today it might be, among others, the ideas of Bion and Bick dominating the theoretical mainstream. Of course it is retrospectively easier to understand why Freud 'had to' develop his sexual theory in the Victorian era the way he did and why the theory of penis envy has been more or less adopted by women for quite a long time. Should one apply the same view to the method of Infant Observation in the future? Today IO is an unquestioned standard method in psychoanalytical training. The numerous articles on IO tell us a lot about the positive sides of this method. All the more surprising is the very fact that the impact of this longterm 'participating observation' on the infant itself has not been thoroughly scrutinized as yet. What does it mean, that many psychoanalysts base their recommendations for IO mainly on the benefit for the trainees future work? And what does it mean, that they don't consider, which ghosts could arise in the nursery of the observed children? Systematic research on the limitations of the method of IO, such as a not good enough parent-child relationship, are missing at present. The intentions of the workshop are to share experiences regarding IO and to discuss the possibility of expanding it by using video based analysis of the baby.

P431 Prognostic validity of the KIPPS-Scales to assess socio-emotional competencies in preschoolers

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Introduction: Poor socio-emotional functioning may interfere with childhood development and impact on infant well-being. Therefore, early detection of aberrant socio-emotional development is crucial to preventing mental health problems. Yet, few screening methods validly detect socio-emotional difficulties in non-clinical samples.

Aim of the study: This study aimed to examine the prognostic validity of the KIPPS-Scales which are part of the comprehensive BIKO-Screening (Seeger, Holodynski, & Souvignier, 2014). The KIPPS-Scales can be used by preschool teachers to evaluate six dimensions of competence: compliance with teacher, prosocial and problem behavior towards peers, play behavior, emotion regulation, integration into peer group. Methods: The sample comprised 26 children diagnosed with mental health problems and 52 age- and sex matched children recruited in patient's kindergarten groups. The KIPPS-Scales were calibrated against two established questionnaires assessing behavioral problems in children, the Children-Teacher Rating Form (C-TRF, Achenbach & Rescorla, 2000) and the Child-Behavioural Checklist (CBCL, Arbeitsgruppe Deutsche Child Behaviour Checklist, 2002). Correlations between corresponding scales of the KIPPS-Scales and both questionnaires were calculated as criterion-related validity, and χ^2 -tests used to analyze distribution of KIPPS-Scales scores regarding risk classification. Results: KIPPS-Scales discriminated between children with and without mental health problems (χ^2 23.2; $p < .001$). Sensitivity to detect children at risk was high (84.6%), as was the RAZ-Index (71.4%), while specificity (73.1%) and positive correctness (61%) showed moderate correctness. As expected, high correlations were found between the KIPPS-Scales and the C-TRF scales (all $p < .01$). Conclusion: The KIPPS-Scales can be used as a screening with high sensitivity to detect children at risk for developing socio-emotional problems. The focus of the KIPPS-Scales on evaluating socio-emotional competencies when screening preschool children is of great advantage. In contrast the C-TRF focuses on behavioral problems and should only be accepted as follow-up measurement to specify the behavioral problems of children judged as "at risk" by the KIPPS-Scales.

P432 The Lausanne Trilogue Play within the clinical context: the relationship between interactive family pattern and children psychopathology

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Introduction: Studies emphasize the need to understand the link between the quality of the father-mother-child relationship and the psychopathological expression during the developmental age. In this context, the Lausanne Trilogue Play stands as an innovative approach to the developmental psychopathology, making it possible to understand mental disorders as results of environmental or parental failures in affective attunement and emotional contact between children and caregivers (Fivaz-Depeursinge, Corboz-Warnery, 1999).

Aims: The aim of this study is to investigate the relationship between the children psychopathology and the quality of the family interactive pattern. Our hypothesis is that specific psychopathological expression may be associated with specific family interactions.

Material and methods: The sample is recruited at S.C.I.A.F. (Padua, Italy) and is composed by 137 families with children from 4 to 21 years old (mean age: 14 sd: 3,8). The patients present the following diagnosis: 11% affective disorder, 20% somatoform and stress-related syndromes, 11% anxiety syndromes, 7% impaired psychological development, 47% behavioral and emotional disorder, 7% environmental problems. All families performed the LTP the psycho-diagnostic assessment in order to observe family interactive dynamics.

Results: Preliminary results show that only some diagnoses are associated with certain interactive features. In particular, the general linear model shows a positive effect of the factor

“LTP-part” within the groups (Mauchly's $W=.509$, $p=000$). Specifically, “Behavioral and Emotional Disorder” and “Anxiety Syndromes” obtained worse results than other groups in the third part of LTP (interaction between all members) and in the fourth part (interaction between the parents, the child observes).

Conclusions: The study confirms the importance of using LTP within the evaluation of interactive family dynamics during the diagnostic assessment and the role of the relational dimension in children's symptom expression and vice versa, endorsing the importance of combining therapeutic work with children with intervention on parenting.

P433 Multi-informant-perspective on psychopathology in preschool age: stability and prediction of mental disorders in middle childhood

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Introduction: The development of adequate reliable and valid methods to measure internalizing and externalizing symptoms in preschool age is a central task for psychopathological research.

Aims of the study: In this study we aim to investigate the stability of internalizing and externalizing symptoms between preschool age and middle childhood and the predictive value of symptoms in preschool age for mental disorders in middle childhood.

Material and methods: A clinically enriched Swiss sample of 167 children participated in this study. Assessments took place at the age of 5, 6 and 9. A multi-informant assessment of children's symptoms was applied (child, parent, teacher). Children were interviewed by means of a standardized puppet interview (age 5, 6). Parents, teachers and children (only age 9) completed questionnaires. To assess children's mental disorders at the age 9, parents and children were interviewed with a structured diagnostic interview.

Results: Symptoms (mean across informants) showed medium stability between preschool age and middle childhood. Externalizing symptoms in preschool age (mean across informants, age 5 and 6) specifically predicted externalizing disorders at age 9. Internalizing symptoms (age 5) specifically predicted internalizing disorders at age 9.

Conclusions: Our results support homotypic developmental pathways between preschool age and middle childhood. The findings indicate on the importance of a multi-informant assessment of symptoms and the validity and relevance of preschool children's reports on their symptoms with developmentally appropriate assessment tools.

P434 Children speak about their psychological well-being: self-reported psychiatric symptoms from preschool to primary school

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Introduction: In order to assess children's psychiatric symptoms in their full complexity, information of informants from different perspectives and contexts should be considered. The self-report of preschool children can potentially provide valuable information in the process of diagnostics and prognosis of the further development.

Aim: In this study, we aimed at investigating 1) the stability and change of self-reported internalizing symptoms (depressive symptoms, overanxiousness, social inhibition, separation

anxiety) and externalizing symptoms in children from preschool to primary school age and 2) possible gender differences.

Method: Internalizing and externalizing symptoms were assessed using a semi-structured puppet interview (Berkeley Puppet Interview, BPI; Ablow, & Measelle, 1993) at three measurement points. The sample consisted of $N=145$ children (76 girls, 52%) with a mean age of $M=5;2$ years at t1, $M=7;3$ years at t2 and $M=8;4$ years at t3. On average, t1 and t2 were 25,0 month apart while t2 and t3 were 12,7 month apart.

Results: The stability of symptoms was low to moderate between t1 and t2, whereas moderate stabilities were shown between t2 and t3 (ICC internalizing symptoms, t1-t2: .28 and t2-t3: .42; ICC externalizing symptoms, t1-t2: .19 and t2-t3: .49). A repeated measurement MANOVA showed significant changes over the course of time for externalizing symptoms (decrease) whereas internalizing symptoms remained stable. Besides, we found a significant time x gender interaction for internalizing symptoms: girls reported increasing internalizing symptom levels, whereas boys reported decreasing symptom levels. Furthermore, we will report on findings addressing self-reported depressive symptoms, overanxiousness, social inhibition and separation anxiety.

Discussion: Our findings underline the potential usefulness of the BPI as a diagnostic tool assessing children's view about themselves. Further research on how this information can best be combined with parent and teacher reports in clinical practice and research is needed.

P435 Therapeutic alliance and mother's attachment style in the context of consultations with young children with emotional or behavioral disorders

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Introduction: Few studies about therapeutic alliance have been conducted in the context of parent-toddler therapies and we still know little about the factors favoring an alliance in this context.

Aims of the study: Our goal was, in a context of child psychiatric consultations for toddlers with emotional or behavioral disorders, using an integrated model, to study the association between therapeutic alliance and parent's attachment style.

Material and methods: Parents completed the Relationship Scales Questionnaire before the start of the consultations. The therapeutic alliance was evaluated through the Working Alliance Inventory adapted to early consultations. The scale was filled by the parents and by the therapist at the end of each consultation. Only the results about the mother and the therapist at the first consultation will be presented here.

Results: A total of 219 children aged 18 to 48 months were included. The results show an inverse association between the preoccupied attachment score and the alliance scores filled by the mother, this association being more pronounced with the WAI bond sub-scale. The dismissing attachment score correlates positively with the tasks and objectives mother sub-scale. The result is the same for the secure attachment score, but at the limit of significance. The fearful attachment

score is negatively correlated with the alliance evaluated by the therapist but not with the alliance evaluated by the mother.

Conclusions: The mother's attachment style appears as a factor influencing the therapeutic alliance and seems more difficult when preoccupied attachment patterns are high. On the contrary, the dismissing and the secure attachment patterns seem to facilitate the alliance about objectives and tasks. In the fearful attachment style, the therapist and the mother evaluate the alliance differently: the more fearful attachment patterns are, the more the therapist evaluates the alliance as difficult, which is not the case for the mother.

P436 Young children and fires : psychotraumatic consequences

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Introduction: In France, home fires are the second leading cause of death among children under 5 years. Children in fires are more vulnerable than adults. For instance, in a panic situation, they can jump through the windows, trying to escape flames.

Study Objectifs/purpose: To assess fires impact on young children psycho and to submit an appropriate psychotherapeutic load.

Material and methods: This communication is based on clinical observations made during the care of several children and their parents. All of them have been home fire victims or hotel fire victims, where sometimes they may stay for social reasons. We have met 7 children, aged 18 months to 4 years, each of them is a violent fire survivor and sometimes they may have lost a close parent or sibling. During the clinical observations, we have asked children to make some drawings. After that, draws have been analyzed by a psychoanalytical approach.

Results: Immediately, after the fire event, we can observe different children's reaction : quite often they are stunned and immobile. They scan their parents' faces who sometimes are themselves in a state of some stunning and insecure behaviour with them. In the following days, there is in these children an impressive psycho-traumatic symptoms and repetitive traumatic games. The psychomotor state is manifested by agitation or conversely inhibition; sleep and going to sleep disorders.

Conclusion: A fire for a young child has very important psychotraumatic risks. A specialized psychological treatment, in the hours after the fire, then in the following days, should be able to set up immediately in collaboration with families and emergency services.

P437 Early Signs of pre-autism screening in infants (ESPASI)

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Introduction: A decade long study (1997-2007) conducted at the Mifne Center, using retrospective analysis of video-recordings of 110 infants who were diagnosed with autism at the age of two-three years, indicated that 89% of the studied infants exhibited early signs associated with autism during the first 15 months of life. This study led to the development of the ESPASI screening instrument. This workshop will present the ESPASI screening instrument.

Aims of the work or project: ESPASI was developed in order to provide an applicable and teachable tool for the detection of autism prodrome in infants from as early as 6 to 15 months of age.

Description of the work or project: Behavioral variables in ESPASI include: excessive-passivity; excessive-activity; lack of eye-contact; lack of reaction to voices; refusal to eat; aversion to touch; delayed motor development; head circumference. ESPASI is applied through direct observation

and video analysis of infant at risk. The ESPASI components are evaluated using a rating scale from 0 to 5. The observational screening scale is accompanied by parents' questionnaire. ESPASI has been implemented since 2007 at various Centers in Europe, the USA and at the Ichilov Hospital in Tel Aviv.

Conclusions: Implementation of ESPASI facilitates early detection and intervention for infants who present prodrome of autism. The authors concluded that it was possible to identify early signs of autism which were often sufficiently minor to be unnoticed by parents. ESPASI is an easily accessible screening instrument suitable to detect early signs of autism in infants from 6 to 15 months.

P438 Assessing the Quality of the Parent-Infant Relationship: A validation study of the Parent-Infant Relational Assessment Tool - PIRAT Global Scales and implications for their clinical use

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The Parent-Infant Relational Assessment Tool - PIRAT Global Scales (Broughton & Hommel, 2014, 2015) are a short version of the Parent Infant Relational Assessment Tool (PIRAT, Broughton, 2009; Broughton, Hommel & the Parent-Infant Project, 2014). PIRAT Global Scales were developed to assess the overall dyadic quality of the Parent-Infant Relationship. They offer an easy-to-use, flexible and time-efficient coding guideline to observe and assess the dyadic quality of the parent-infant relationship and assess the overall level of concern. They can be used as a risk assessment tool to differentiate between 'good enough' parent-infant interactions and those causing concern. PIRAT Global Scales consist of two major scales, the infant-parent scale (i-p) and the parent-infant scale (p-i). These global scales include observational descriptors of specific relational abilities and qualities on a 5-point Likert scale. Assessment of the level of concern focuses on three major themes: Degree of observed dyadic attunement, frequency of behaviours indicating relational disturbance and risk, and severity of observed relational disturbance. PIRAT Global Scales are adapted for infants and toddlers from 0 - 24 months, and can be applied to 'live' or video-taped observation of 10 minutes free play, with or without toys. The poster focuses on results of the validation and reliability study of PIRAT Global Scales on a larger clinical and normative sample and implications of the research findings for clinical work with parents and babies, in particular parent-infant psychotherapy.

P439 Assessing the Quality of the Parent-Infant Relationship: A validation study of the Parent-Infant Relational Assessment Tool - PIRAT Global Scales

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Introduction: The PIRAT Global Scales (Broughton & Hommel, 2014, 2015) have been manualized to provide a global assessment of the infant-parent relationship and to offer a shared language and understanding among health professionals from various disciplines as to what constitutes risk and resilience. PIRAT Global Scales enable the user to set their observations within a validated assessment framework of the parent-infant relationship observed in interactions between mother/father/caregiver and infant/toddler up to the age of 2 years. Preliminary results

have shown that they can be used reliably by health professionals working with parents and babies to assess the overall quality of the parent-infant relationship and as a screening tool to identify infants at risk in clinical practice (Hommel, Broughton & Target, 2014, 2015).

Aim: PIRAT Global Scales were validated using a larger sample of mother-infant dyads to be used reliably by professionals in the field of Infant Mental Health to identify parents and infants where the primary relationship is in difficulties at the earliest possible opportunity.

Method: The PIRAT Global Scales validation study used data from the parent-infant psychotherapy RCT (Prof. Peter Fonagy, Ph.D., Dr. Michelle Sleed, Ph.D., Anna Freud Centre). The research evaluates PIRAT Global Scales' reliability as an observational measure and a risk assessment tool to differentiate between normative and concerning relationship qualities on the basis of professional experience and a 3.5 days training. The research looks at PIRAT Global Scales' validity compared to a number of widely used measures of parent-infant interaction. The workshop will present the results regarding reliability, in particular interrater-reliability and validity of PIRAT Global Scales and their implications for their clinical use.

Conclusion: Implications of the research findings for future research and for the clinical use in a variety of work-settings of PIRAT Global Scales will be discussed.

P440 Parent-infant observation and risk assessment: clinical use of the Parent-Infant Relational Assessment Tool – PIRAT Global Scales

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Introduction: The Parent-Infant Relational Assessment Tool and its short form, PIRAT Global Scales (Broughton & Hommel, 2014; 2015), are designed for use by health professionals to assess the quality of parent-infant interaction in the workplace, home, clinic or consulting room. PIRAT had its genesis in the clinical practice of the Parent-Infant Project at the Anna Freud Centre and was developed as an observational and risk assessment measure in response to the need expressed for a viable assessment tool by clinicians, health visitors, GPs, social workers and mental health professionals. Vital to its conception and construction are ease of use, flexibility and acceptability to professionals working in the field.

Purpose: Problematic interactions between parent and infant can be observed and rated according to their potential impact on the infant's developmental trajectory. Indicators of concern are drawn from clinical practice and the findings of infancy research in the field of attachment, neuropsychology, affect regulation and psychoanalysis. Preliminary findings have shown that PIRAT and PIRAT Global Scales can be used reliably by health professionals to pinpoint difficulties in the parent-infant relationship (Hommel, Broughton and Target, 2014; 2015).

Description: The presentation gives a short overview of PIRAT Global Scales and focuses on their clinical use. We will show DVD of parent-infant interaction 1) to think about different clinical presentations of perturbations in the parent-infant relationship, and 2) to illustrate how PIRAT Global Scales are used in practice and how they serve to organize and extend thinking on difficulties in the parent-infant relationship. We will also present material describing how health professionals can use PIRAT Global Scales to understand the nature of relational trauma in a parent-infant dyad.

Conclusion: The clinical usability of PIRAT Global Scales by professionals working in the field of Infant Mental Health and parent-infant psychotherapy will be discussed.

P441 On the formation of somatoform disorders of the autonomic nervous system for age dynamics in children

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Introduction: The forerunners of psychosomatic and mental disorders in children, according to many authors, can be vegetative disorders. Pediatricians indicate an increased frequency of psychopathological disorders combination with various forms of heart pathology.

Aims or Purpose of the project: Study of the peculiarities of the phenomenology of psychosomatic disorders in children with small anomalies of connective tissue dysplasia of heart.

Description of the work or projects: The main group consisted of 45 children aged 6-14 with somatoform autonomic dysfunction cardiovascular system. The control group included 40 children with classic features of autistic spectrum disorders in comparable age. The assessment was conducted by the clinical method, psychological methods, CGI scale. Conducted correlation analysis, factor analysis clinical and psychological data. The small anomalies of connective tissue dysplasia of heart without hemodynamic disturbance was found in 80% children in the main group, and in 65 % of control group. In the early history of these children are the first symptoms of autonomic dysfunction showed a short-term are already in the nursery age as lightning more extensive violations. In the main group somatic symptoms were on the facade of psychopathological disorders: fear of asphyxiation, heart failure, depressive states, episodes of disorders of perception, disorders of consciousness. The clinical picture is determined by a 42, 5 % neurosis disorders, 20, 0% – transient episodes of psychotic disorders by type prooecia, recalling an outpost of the symptoms of endogenous disease. The remaining children, the structure of the mental state was limited to individual erased the stigma of single schizotypal signs. All children were characteristic by alexithymia.

Conclusions: The obtained data allow to consider children with connective tissue diseases increased risk for the development of different severity of mental deviations. The data presented are preliminary and the issue needs further study.

P442 Association between maternal depression/anxiety and emotional and behavioral disorders in 18 to 48 month-old children

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Introduction: Many studies have evaluated the association between maternal depression and emotional and behavioral disorders in young children. Fewer studies focused on the association between maternal anxiety and child's symptoms.

Aims of the study: Our objective was to investigate the association between maternal depression, maternal anxiety and children's symptoms in a child population (aged from 18 to 48 months) consulting in a child psychiatry department for emotional or behavioral disorders.

Material and methods: Depression was assessed with the CESD (Center for Epidemiological Studies-Depression Scale) with a cut-off of 20 to discriminate depressive mothers (D+) and non depressive mothers (D-). Anxiety was assessed with the STAI (State – Trait Anxiety Inventory) with cut-offs of 50 for « Trait » and 41 for « State » anxiety to discriminate mothers with (A+) and without (A-) high anxiety. Children's symptoms were assessed by the CBCL 1.5-5 years (Child Behavior Check List) with a cut-off of 64 to distinguish children in a clinical range.

Results: 213 mothers were included. The CBCL total score is positively and significantly correlated to maternal anxiety and depression scores. Four groups of mothers were defined according to the presence of depression and/or high anxiety (A+D-, A+D+, A-D+ and A-D-). The rate of children in the clinical range was compared between those 4 groups. Considering trait anxiety, the rate is higher among mothers A-D+, A+D-, A+D+ than in mothers with A-D-. Considering state anxiety, it is higher among mothers with A+D+ than among mothers A-D-.

Conclusion: This study found an association, as it is expected, between maternal depression and child's symptoms. Internalizing and externalizing troubles are also more frequent in children of mothers with high trait anxiety without depression compared to children of asymptomatic mothers.

P443 Desert sands to Arctic geese - separation and suffering as essential for change.

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Introduction: Bowlby was inspired by Konrad Lorenz's observations of goslings and their connection to the mother goose. Attachment theory has gained much traction from there but it may be that another species, the Barnacle goose, whose chicks must be allowed to launch off a cliff if they are to survive has further lessons for therapeutic work with babies, toddlers and families. Of course, humans are not birds; two clinical cases will be described to explore the necessary and painful tasks of tolerating the risk, distress and suffering of babies and young children.

Purpose: To demonstrate the importance of a therapeutic approach that explicitly considers and mediates the processes of psychic separation between infant, mother and father.

Description: This paper outlines the stories of two families, one of a young Australian aboriginal child from a deprived and traumatic background who displays very aggressive behaviour upon coming into foster care, contrasted with a child of professional parents in a large city who has significant feeding and behavioural problems. Despite the obvious demographic differences, a key theme their formulations share involves the parents' struggle to bare the terrifying prospect of sitting with the child's suffering in order to allow change, growth, ultimately freedom for the child.

Conclusion: The concept of separation and the difficulty in facilitating its execution is deserving of much greater emphasis in psychotherapeutic work with young children and families.

P444 Development and validation of an observational measure for the assessment of Inhibited Attachment Disordered Behavior

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Inhibited Attachment Behavior (IAB), similar to the Reactive Attachment Disorder (RAD) described in the DSM-5, is a disturbed pattern of attachment behavior, evident before 5 years of age, in

which the child rarely or minimally turns preferentially to a discriminated attachment figure for comfort, support, protection, and nurturance. It presents implications on exploratory behavior and it is associated with persistent socioemotional problems. Pathogenic care such as institutional rearing is considered to be the pathway for the development of the disorder. Although IAB appears as a relevant marker of developmental impairment, assessment options are currently limited, lacking observational measures based on the direct observation of children with their caregivers. This poster aims to describe the development and the psychometric properties of an observational rating system that assesses IAB in preschool children, constituted by 20 items organized in three dimensions: (1) attachment, (2) exploratory, and (3) socioemotional behaviors. Participants were 140 institutionalized children from 3 to 6 years old ($M = 54.95$ months; $SD = 11.02$; 59% boys) and their caregivers. The rating scale was completed using the child behavior during the Strange Situation Procedure (SSP), adapted to preschool years. Caregivers were administered the Disturbances of Attachment Interview (DAI; Smyke & Zeanah, 1999), to identify attachment disturbances, and the Child Behavior Checklist (CBCL 1 ½ – 5; Achenbach & Rescorla, 2000; Portuguese version Gonçalves, Dias, & Machado, 2007) in order to assess preschoolers' emotional and behavioral problems. Analyses are already in progress. Results on RInAB internal consistency and interrater reliability will be presented. Convergent validity will be examined with the DAI and divergent validity will be tested using the CBCL. Future directions and limitations of the study will be discussed.

P445 Mentalization-focused interventions for at-risk parent-child dyads: Clinical applications and research findings

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Introduction: Mentalization-focused interventions (Allen & Fonagy, 2006) are typically utilized to improve the attachment relationship in at-risk parent-child dyads with cumulative risk factors (e.g., poverty, domestic violence), and share common grounds with the interventions of Child-Parent Psychotherapy (Lieberman & Vanhorn, 2004). Mentalization is defined as the ability to understand/treat the self and others as psychological agents who have unique mental states. Through mentalization individuals build connections between their own minds and minds of others; and between internal mental states and external actions.

Aim: This workshop focuses on (1) the use of mentalization-focused interventions with at-risk parent-child dyads through case presentations; (2) the research findings from a corresponding study at the Relationships for Growth and Learning Program, investigating the links between preschool children's and their caregivers' mentalization skills in relation to children's social-emotional functioning and caregivers' parenting stress in clinical and non-clinical samples.

Description: Clinical cases ($n=2$) and research participants ($n=130$) were from low-SES minority backgrounds in New York City. Mentalization was assessed through "mental-state talk in narratives", using a novel coding system tapping into participants' ability to use mentalization during narrating a wordless picture-book (CS-MST, Bekar, Steele, & Steele, 2014). Social-emotional outcomes were assessed through parent reports and a teacher rating scale in preschools.

Conclusions: Both the research findings and clinical cases noted that mentalization skills of mothers are associated with adaptive outcomes in children. Children's mentalization skills were linked with adaptive functioning through various moderators including clinical status and gender, which need to be taken into consideration when targeting at-risk children. Overall research

findings and clinical practice indicated that focusing on mentalization skills is an effective strategy for improving attachment relationships as well as children's emotion regulation. The narrative assessment method is potentially an effective and user-friendly tool for this population which can be used for assessment and intervention.

P446 Could family history cloud our judgment? A case report from an OT perspective

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Introduction: Failure to Thrive (FTT) refers to children who do not gain sufficient weight. The etiology of FTT can be of organic or non-organic nature. Our multi-disciplinary FTT clinic includes Medical Doctors, Nurses, a Psychiatrist, Psychologists, a Social worker, a Nutritionist and Occupational Therapists. The professional scope of Occupational Therapy refers to the tripartite relationship human being- environment (both social and physical) – function. In the FTT setting, the patient's parents are a significant factor in the environment. Indeed, Watkins, Cooper & Lask (2012) interviewed mothers of children visiting a feeding clinic in the UK and found that 17% of the mothers had a history of feeding disorders or still do.

Aim: While each case may present a broad range of difficulties, the most pressing one receives the spotlight of the team's attention. This spotlight has the danger of blinding us from detecting other major difficulties – as will be illustrated in a case report.

Description: A young infant with FTT arrived to the clinic. The mother has anorexia nervosa, and two older siblings were treated in the clinic in the past. Due to the family history, the focus of attention was immediately on the dyad. Thus, primary eating difficulties were initially overlooked and later discovered by an OT. I intend to present a case report still not resolved, follow the trickery of the diagnosis and treatment of an infant, from the age of 5 weeks throughout her first year of her life (and beyond).

Conclusions: A professional team has the power to join forces for dealing with the most pressing issue of a patient. Individual members, with different professional viewpoints, can detect other important aspects of the case. Mutual professional respect among team members is essential for positive outcome.

P447 Mental development in a sample of children with regulation disorders of sensory processing

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Introduction: According to the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised Edition (DC: 0-3R) the diagnosis of Regulation Disorders of Sensory Processing (RDSP) demands the presence of: sensory processing difficulties, motor difficulties and a specific behavioural pattern. In a previous characterization of a clinical sample of 64 children with a RDSP diagnosis followed at our department, 59% presented Global Developmental Delay. The most affected subscales were "Hearing and Language" and "Eye and Hand Coordination". Since a high prevalence of global developmental delays was found in this sample, we now aim to better characterize the areas in deficit and to relate them with the subtype of RDSP.

Description: This is a retrospective study of the Mental Development of children diagnosed with RDSP at the Early Infancy Unit of our Child and Adolescent Psychiatry Department. The study

period was between January 2013 and May 2015, and children were aged from 0 to 5 years and 364 days. Sociodemographic and clinical data were collected through the revision of clinical files. Mental Development was assessed through the Ruth Griffiths Mental Development Scale. The results were described by subscale (A: Locomotor; B: Personal-Social; C: Language; D: Eye and Hand Co-ordination; E: Performance; F: Practical Reasoning). The correlation between the type of RDSP diagnosed (Hyposensitive; Hypersensitive type A: fearful; Hypersensitive type B: defiant and Sensory Stimulation-Seeking) and the results from the Griffiths subscales was analyzed. The clinical sample consisted of 94 children, mostly boys. More than a half presented Global Developmental Delay. The most affected subscales were "Hearing and Language" and "Eye and Hand Coordination".

Conclusions: Health professionals should be alert to the developmental difficulties that RDSP children reveal in order to provide adequate intervention.

P448 Early markers of aggressive behavioral interaction in toddlers with autism spectrum disorder

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Introduction: For the diagnosis of Autism Spectrum Disorder (ASD) aggressive behavior is not a clinically specific symptom, but in clinical practice it is one of the most frequent reasons for psychiatric intervention when these children reach school age, and especially in adolescence. The presence of challenging and aggressive behavior in children with ASD places them at risk of physical injury; it limits their therapeutic and educational activities and integration in the community; it is a burden for their families and the systems of care.

Purpose: We focus on maladaptive or inappropriate behavior of toddlers as predictors of later aggressive behavior, on their identification and possible interventions.

Description: We present data of 87 children with ASD, patients of our day-care unit, who met the following criteria: 1 follow-up assessment during 2014y, at least 1 follow-up assessment during the last 3 years, first diagnosed with ASD before the age of 42 months, not institutionalized. More than 40% of the children presented with at least 1 challenging behavior (self-injury, verbal and/ or physical aggression against others, physical aggression against property or objects, behavior regulation problems). Retrospectively we tried to identify in their toddlerhood maladaptive, inappropriate, aggressive and disorganized behaviors as a specific response to situations that cause tension, confusion, fear, and those associated with pleasant experiences too. We trace the possible age transformation of these behaviors and the protective and risk factors which influence their dynamics.

Conclusions: Children diagnosed with ASD with at first glance harmless and very often tolerated due to the early age but inappropriate even for toddlers behaviors (e.g. play with face or body of mother, picking or scratching skin, swinging at people, biting, etc.) show at follow up higher incidence of stable patterns of interaction accepted as aggressive. Early parental and behavioral interventions are needed.

P449 Gaze patterns in typically developing and at-risk infants: Implications for early intervention Mastergeorge, A. M.¹, Parikh, C.²

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Introduction: The ability to follow the gaze of others is essential in the development of social attention and for the foundation for joint visual attention (Jones & Klin, 2013).

Aims of the study: A recent focus on comparisons between typical and at-risk development of visual fixation patterns using eye-tracking paradigms may be a proxy for early indicators of gaze discontinuity. The aim of this study was to examine individual differences in eye gaze patterns in typically developing and at risk infants.

Materials and methods: Participants included 37 males and 31 females ($N = 60$) TD and ($N = 8$) infants at-risk for autism ages 3 to 12 months. Tobii Studio eye-tracking captured visual fixation patterns during stimuli divided into areas of interests (AOIs).

Results: A two-way ANOVA examined developmental status (TD or at-risk) and age (3, 6, 9, and 12 months) on total gaze fixation. There was a significant effect of developmental status on total gaze fixation counts within the AOIs, $F(1, 60) = 5.57$, $p < 0.05$, $\omega = 0.13$. T-tests were conducted to compare average gaze duration within AOIs in TD and at-risk groups. There was a significant difference in gaze duration toward the mouth between TD ($M = 5.46$, $SD = 5.38$) and at-risk groups ($M = 1.94$, $SD = 2.12$); $t(66) = 1.82$, $p < 0.05$. A significant difference was found for gaze duration on the eyes between TD ($M = 6.80$, $SD = 6.16$) and at-risk groups ($M = 2.44$, $SD = 1.62$); $t(66) = 1.98$, $p < 0.01$).

Conclusion: Few studies focus on eye gaze trajectories during dynamic paradigms in young infants. This study contributes to understanding early neurodevelopmental and endophenotypic mechanisms that may inform atypical development and early intervention

P450 Fostered infants: the clinical journey into the middle years

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Introduction: Infants in foster care who present for infant psychiatric services often have complex mental health needs. Over time infants and caregivers settle some of the attachment insecurity, trauma and loss. Yet infants and young children continue to have a variety of mental health symptoms. Parents and caregivers have an important role in identifying and seeking services for these vulnerable children. (Pasztor, E. et al. 2006)

Aim: 1. Examine a group of children followed in clinic from infancy who were fostered infants. Are there themes in follow-up diagnoses? 2. Review the areas of their development which remain a challenge. 3. How can treatment plans be organized for the children and their parents/longterm caregivers.

Description of the work: Parents and caregivers anticipate and identify areas where children struggle. This anticipation drives clinic work. We will describe the variety of clinical services used and gaps we identified.

Conclusion: Parents/caregivers and children's pathways to work on socio-emotional development, language, and self are very much a family effort.

P454 High Intellectual Potential, modern symptom or factor of resilience ? Longitudinal and cross-sectional studies about gifted children (from early childhood to adolescence) and their family (Parents and brotherhood)

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Introduction: The terminology of High Intellectual Potential (HIP) differs according theories. The WHO definition about HIP indicates an intelligence quotient when reaches or exceeds 130. We cannot understand it in a specific nosography but find it in an heterogeneous population presenting symptoms among many psychopathological classifications. HIP involves a « trans-nosographical » dimension. First of all, we meet very young children (2-3 years old) with an IQ higher than 130. We keep on following these children to adolescence. To study life courses, familial dynamics and to evaluate psychic organizations of brotherhood, including another possible high intellectual potential, we met the entire families of HIP children.

Objective studies: High Intellectual Potential can be seen as a symptom or even a disability but also as a protective factor. The metaphor of the « erudite infant » (Ferenczi) assumes traumatic factors underlying an intellectual and emotional high level of maturity. Does it exist familial traumatism as explanatory factors of evolutions – from sublimation to pathology- in a childhood ? Our goal is to evaluate positive or negative impacts of HIP on child development by performing longitudinal and cross-sectional comparisons.

Material and methods: We use semi-structured interviews and detailed psychological assessments (French version 2004 WPPSI III, drawings, projective tests).

Results and conclusion: Traumatic factors concern most often parental depression and some perinatal aspects -exceptional filiations, medically assisted procreation- fuelling, very early, existential questions about Origin and Death. High Intellectual Potential would be a resilience factor and supports the adaptation to reality in the case of severe disorders. It could be seen as a sublimatory process rather than a pathological one.

P456 Extreme trauma exposed babies : vectors of a familial resilience

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Introduction: Some babies exposed to life threatening situations are particularly active to gather resources of their parents. They may take part of a true reorganization of the familial dynamic, disturbed by the traumatic event.

Study objectives: The main goal of this qualitative study is to detect the shared features of these babies, specially their specificities of the relational abilities and of the symptoms. How understanding their abilities to create an interactive positive spiral ? How they call up the creativity and the parents and professionals' abilities to feel amazement despite a tragic environmental circumstances ?

Material and methods: We present case reports of four babies, between 3 to 16 years old. They are all be exposed to an extreme situation (tsunami, insurrectionary situation, crash, fire). We observe these babys and the interactions with their mothers, the other members of their family and the health professionals around them. Engaged observation and psychoanalysis are used as the method of this research.

Results: We notice specific psychological mechanisms : an ability to call up adult attention, an important full alert, a very strong relational appetite. All these specificities are observed in the babies' behaviors in any traumatic situations. These mechanisms support or restore parental skills. The familial group may recreate psychic envelopes in order to refind their functions of

bumper-excitement and holding. Relationships between members of family are reorganized all around the baby.

Conclusion: In extreme situations, babies show a true active abilities to keep or improve interactions with their parents and sometimes the professionals. They are vectors of a familial resilience by a « traumatolytic » effect on the global psychic organization of familial group and each of its members.

P457 High intellectual potential and Asperger's syndrome : what relationships ? A comparative study of highly gifted children, with and without autism spectrum disorders
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Introduction: Highly gifted children represent 2,2 % of the population. In France, a third are known with academic difficulties and a third with school failure. These children look more and more in need of psychological supports, because of cognitive, affective and relational characteristics which are sometimes similar to those of children with Asperger's syndrome. This syndrome recently disappeared from the international classification of the DSM-V. Define and distinguish high intellectual potential from Asperger's syndrome becomes sometimes difficult and both are frequently associated.

Aims of the study: This study aims at investigating the relationships between high intellectual potential and autism spectrum disorders (ASD) for children from 6 to 12 years old.

Material and methods: This comparative study in clinical psychology examines a control group of 10 gifted children and a clinical group of 10 gifted children with ASD (Asperger's syndrome, high-functioning autism). The psychological assessment (UDN-II, Family drawing, Rorschach, TAT) is used to highlight several dimensions of cognitive and affective development of these children.

Expected results: We expect to highlight the psychic processes which are specific to Asperger's syndrome, and those who are common to both groups of children. We also want to understand the link between high intellectual potential and ASD. We believe that the thought investment and ASD can be resilient responses to childhood psychological trauma. We will illustrate our first results with two case studies.

Conclusions: This exploratory research will question the continuum and the distinction between high intellectual potential and autism spectrum disorders. We expect to better define these two entities in order to offer a better therapeutic but also educational and pedagogical accompaniment, to those children.

P458 The cellphone, a virtual pacifier for the Infant

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Introduction: Despite the popularity of video games, few studies have been conducted about the use of cellphone video game in infant population. The important culture of screens represents a familiar environment for infants. Some parents find a relational response to anxiety and behavioral disorders (agitation, conflict) of their infants by proposing their phone. Yet, they're often worried about this possible solution given the state of immaturity of their infant.

Aims of the study: We question how some infants may use video games on mothers' cellphones. The main aim consists in examining the role of this use in the cases of children with separation anxiety, comportemental disorders and some depressive symptoms (boredom, sadness). How to

understand the meaning of the use of video games but also of the mother's cellphone for the infant ?

Methods: We used semi-structured interviews and observations of relationships between infants and mothers. Infants of this study present an anxiety separation, sleep disorders and relational disorders in their first social place (Children day care centers « crèches », nursery schools). All these infants need a uninterrupted relationship with their mothers and this relationship is over all based on alternating strong oppositions and emotional avidity .

Results and conclusion: We notice a reduction of agitation and sadness even if the stop of this use causes often a return of excitement state. The cellphone and its video game help these infants to explore in a second time the real environment. We think cellphone has some functions of a pacifier, a virtual pacifier. It allows infants to pacify anxiety, to stand temporary separation with the mother using her cellphone. With this media and parental attention, infants may find a new way of exploring, safely, the social environment, adults and children.

Poster Session 13: Prematurity and High Risks

P459 Psychiatric supports for seriously ill infants and families through liaison works with Neonatal Intensive Care Unit (NICU).

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Introduction and Aim: Although progress in perinatal medicine has helped seriously ill neonates survive, relationship disturbances do occur. Hokkaido Medical Center for Child Health and Rehabilitation is the only child hospital in Hokkaido prefecture (the northern island of Japan) and has a medical team of special treatments for seriously ill infants. The main function of the Neonatal Intensive Care Unit (NICU) in the hospital is intensive medical treatment for seriously ill infants rather than for premature infants. In the hospital, the department of child psychiatry and the department of neonatal medicine have had a conference (NICU-Psychiatry conference: NPC) on supports for seriously ill infants and their families since November of 2013. The practices of NPC, the opinions on the conferences of NICU staff, and the future prospects will be introduced.

Results: Ten cases discussed at the NPC from November of 2013 to March of 2015. Nine infants had congenital malformation syndrome including chromosomal abnormality and one had post severe asphyxia syndrome. NICU staff sometimes complained that "the frequency of the parents' visit is getting less. We would like to teach them how to care for their infant." Child psychiatrists paid attention to the feelings of the NICU staff toward the infant and the parents, and tried to encourage them to notice the parents' ambivalence. The more the NPC has been held, the more sympathetic feelings toward parents' inner conflicts have been expressed by NICU staff.

Conclusion: In order to support both seriously ill infants and their families, consideration of the feelings of NICU staff toward them is important.

P460 Born near the limit of viability - developmental outcomes during preschool years

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Introduction: Although advances in neonatal care have resulted in increased survival rates among extremely preterm (EPT) infants, they still significant morbidity risks during the neonatal period. Extensive research ties EPT birth to adverse developmental outcomes at school-age; however, less is known regarding short- to midterm outcomes.

Aims: The aims were to explore developmental outcomes of EPT birth at corrected age 2.5 years. Differences between children born EPT and full term (FT) with regard to cognitive, communicative, and motor functions as well as behavioral difficulties were investigated.

Methods: As a part of the population-based Extremely Preterm Infants in Sweden Study (EXPRESS), 399 children born <27 gestational weeks and 366 control children born FT were assessed with the Bayley Scales of Infant and Toddler Development, 3rd edition (Bayley-III), measuring cognition, communication, and motor skills. Based on control group mean scores, prevalences of delay in the EPT group were calculated. Parental ratings of children's behavior were obtained using the Child Behavior Checklist for the ages 1½–5 years (CBCL/1½–5), assigning scores for internalizing and externalizing behavior. Group differences in behavioral difficulties and prevalence of clinical problems were calculated.

Results: Analyses showed significantly lower performances of the EPT group compared with controls on the Bayley-III subtests. Prevalence of moderate-severe delay was 11% in cognitive, 12% in receptive communication, 14% in expressive communication, 12% in fine motor, and 7% in gross motor functions. EPT children had significantly higher mean T-scores on CBCL/1½–5 than FT controls, and the proportion of EPT subjects showing behavioral problems within clinical range was significantly higher.

Conclusions: Children born EPT show significantly lower cognitive, communicative and motor function levels, as well as more clinical behavioral problems at 2.5 years compared with FT controls. Findings encourage developmental assessments during preschool years since early identification of deficits is important for therapeutic interventions.

P461 Interdisciplinary recommendations for psychosocial support of NICU parents

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Introduction: Parents of infants in neonatal intensive care units (NICUs) face multiple stresses, and they have higher one-year prevalence rates of postpartum depression and posttraumatic stress disorder (PTSD) than parents of term infants. Stressed parents are less able to form secure attachments with their infants. Premature infants whose parents are depressed have worse developmental outcomes than do other infants. Therefore, psychosocial support of NICU parents is essential to optimize outcomes for babies and families.

Purpose: A multidisciplinary workgroup of professional organizations and NICU parents was convened by the National Perinatal Association to develop interdisciplinary recommendations for psychosocial support services for parents whose infants require care in NICUs.

Description: Six interdisciplinary committees (family-centered developmental care, peer-to-peer support, mental health professionals in the NICU, palliative care and bereavement, follow-up support, and staff education and support) worked to produce the recommendations. The committees gathered research citations, communicated by e-mail and phone, and many members attended a summit in 2014 in St. Louis, MO.

Guiding principles of the recommendations are: 1- Comprehensive psychosocial support requires interdisciplinary collaboration. 2-Psychosocial support should begin during the antepartum period and continue through and after the NICU stay. 3- Because parents' emotional responses can vary, they should be monitored over time and appropriate support offered using layered levels of care. Family-centered developmental care and parent-to-parent support should be available to all

parents. "Targeted" care should be delivered by qualified NICU staff to families identified as being at risk for emotional distress. "Clinical" care for parents with diagnosable conditions should be provided by mental health professionals both within the NICU and through outside referrals.

Conclusions: Interdisciplinary efforts by NICU staff to provide psychosocial support to parents should be endorsed, as they can mitigate parents' risk for adverse mental health outcomes and improve the parent-infant bond and therefore the infant's development.

P462 Social-communication and cognition of preterm infants at 12 months

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Introduction: Prematurity and low birth weight (BW) have been found as risk factors for neurodevelopmental disorders, including Autism Spectrum disorder (ASD) symptoms and developmental delay.

Aims: We examined early ASD symptoms in preterm infants and explored the associations between BW and social-communicational abilities as well as cognition at 12 months of age.

Methods: Participants: 135 twelve months old infants participated: 30 Very Low BW (VLBW) infants weighing less than 1250 grams, 68 Moderately Low BW (MLBW) infants weighing 1250-2400 grams and 37 Full-term (FT) infants weighing more than 2400 grams.

Measures: The Autism Observation Scale for Infants (AOSI), which was developed to detect early signs of ASD, was administered. The AOSI has 19 items, scored from zero (typical) to three (atypical). The Mullen Scales of Early Learning (MSEL) was administered. One-way ANOVAs were conducted to examine possible differences among the three groups.

Results: Significant differences emerged for the AOSI: $F(2, 132) = 14.75$ $p = 0.00$ and for the MSEL Early Learning Composite (ELC): $F(2, 132) = 12.44$ $p = 0.00$. Tukey HSD tests indicated that the mean score of the VLBW group was significantly lower than that of the MLBW group and of the FT group. The MLBW group's AOSI scores were significantly lower than the FT group. No significant differences among the groups emerged for the ELC. The means of the VLBW group were significantly lower than those of the FT group on the Expressive Language, Fine Motor and Visual Receptive scales, but not on the Receptive Language scale.

Conclusion: Low birth weight is associated with social-communicational difficulties and with lower cognitive abilities at 12 months of age. VLBW infants exhibit more social-communicational difficulties and have lower cognitive scores than MLBW and FT infants at 12 months.

P463 Complexities of long term neurodevelopmental follow up of high risk neonates in a regional Australian neonatal unit

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Introduction: The long term developmental follow up service of the Townsville Hospital Health Service (THHS) Neonatal Unit (a regional tertiary facility) has been functioning for four years and it is timely that outcome data is generated for this population. A greater understanding of those neonates treated in a regional area is required to provide specific benchmark data for local families and to target services to those who are considered in greatest need.

Aims: (1) Explore the medical and demographic characteristics of ex-neonates that presented for neurodevelopmental assessment between 2011-2015, so treated medically between 2009-2013, in a regional tertiary hospital; (2) Provide information on the complexities of providing long term assessment for ex-neonates in a regional area.

Description: Neonates treated at THHS Neonatal Unit are assessed at two years corrected age in the long term developmental clinic with the Bayley Scales of Infant and Toddler Development (third edition). Criteria for this assessment clinic include born ≤ 32 weeks gestation, ≤ 1500 g, or major surgery in the neonatal period. Ex-neonates who reside in the THHS district were included. Some ex-neonates declined follow up or relocated and some were followed up in other regional hospitals closer to home.

Conclusion: During the period 2009-2013, 574 babies that met follow up assessment criteria were treated medically at the THHS Neonatal Unit. Of these babies, 116 (20%) attended for developmental assessment at two years corrected age. Evidently, a high proportion of neonates treated medically in the THHS neonatal unit were not provided with follow up developmental assessment. This highlights the complexities of gathering accurate outcome data in the long term for babies that receive medical treatment at this hospital. This has important implications for how outcome data from this regional hospital is interpreted and how future models of service are delivered.

P464 Psychological support within a neonatal unit: Is it needed? What does it look like?

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Introduction: There is no clear indication of the prevalence of psychopathology among parents who have had babies admitted to the Neonatal Intensive Care Unit (NICU) of the Townsville Hospital Health Service. The type of psychological service required is unclear in the absence of benchmarking data across NICU services in Australia.

Purpose: The aims are twofold: (1) To develop a better understanding of parental mental health within a neonatal context; (2) Establish the most effective psychological interventions for infants and families in Neonatal settings. The results of a narrative review of psychological aspects of neonatal admissions and best practice models of early psychological intervention for parents of babies in NICU were reviewed to guide future clinical practice and research development.

Description: Literature review (databases: Medline, Embase, CINAHL, AustHealth) revealed that the adverse psychological reactions experienced by mothers of neonate babies can compromise parenting capacity and interaction with the infant and have long-term negative consequences on developmental outcomes for the infant. In addition, rates of trauma or posttraumatic stress disorder symptoms have been documented between 23-41% for NICU parents. There is emerging evidence for the benefits of early psychological interventions that target trauma symptoms and parent anxiety. For example, trauma focused cognitive behaviour therapy reduces symptoms of depression and trauma for women during their baby's NICU admission.

Conclusion: Early evidence based focused psychological interventions for parents during their baby's NICU stay are required, highlighting a significant gap between best practice and current service levels. Investigation of the psychological well-being of parents in NICU in the first weeks after their baby is born is required, with specific emphasis on the inclusion of fathers.

P465 Psychological responses among parents with babies admitted to a regional Australian neonatal intensive care unit

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Introduction: Having a baby admitted to a Neonatal Unit is a stressful experience for parents. Providing evidence based psychological care for parents with babies admitted to Regional and remote hospitals in Australia present additional complexities. In addition to the local community, the Townsville Hospital Health Service Neonatal Unit provides care to infants from remote Indigenous communities, transient Defence populations, and remote mining communities. Dislocation from usual support systems is a common occurrence given the vast distances families have to travel to receive medical attention. In the absence of formal prevalence data that captures the needs of local patient groups, an evidence-based approach to developing a model of psychological intervention appropriate for a regional NICU is required.

Aims: (1) Measure the prevalence of psychopathology of parents who have a baby admitted to NICU in the first weeks after birth and at 3 months post birth; and (2) Develop a locally relevant model of care derived from evidence-based research to support an efficient and effective psychology service for high-risk parents with babies admitted to NICU.

Description: Parents of babies admitted to NICU are administered standardized self-report questionnaires and a clinical interview with a clinical psychologist to identify trauma, depression, anxiety and stress symptoms; alcohol and drug use; previous mental health issues or diagnosis; and bonding experience with their baby at two time points (1-2 weeks post birth; 3 month post birth). Medical files of the mothers and babies are also reviewed to identify medical factors likely to predict adverse psychological outcomes.

Conclusion: Identifying those parents at risk of adverse psychological symptoms is important not only to further understand the impact on NICU admission on families, but to provide improved service and knowledge about psychological intervention required, and to prevent long term negative outcomes for infants and their families.

P466 Screening for autism spectrum disorders in preterm children with very low and extremely low birth weight - simultaneous use of three screening tests

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Studies of preterm children with very low (VLBW; 1000 – 1500 g) and extremely low (ELBW; under 1000 g) birth weights have indicated a higher risk of autism spectrum disorders varying between 3.65 and 12.9%. We aimed to screen the preterm infants by using 3 screening tests simultaneously followed by validation of the diagnosis using the Autism Diagnostic Observation Schedule (ADOS). Parents of 157 VLBW and ELBW children (age 2 years, corrected for prematurity; 88 boys, 69 girls) completed the screening questionnaires. The screening battery included the Modified Checklist for Autism in Toddlers (M-CHAT), Communication and Symbolic

Behavior Scales Developmental Profile Infant-Toddler Checklist (CSBS-DP-ITC), and the Infant/Toddler Sensory Profile (ITSP). Children with disabilities were excluded from screening. All children who screened positive on any of the screening tools were subsequently assessed using the ADOS (Autism Diagnostic Observation Schedule). 56 children (35.7%) screened positive on at least one of the parental administered screening questionnaires. Of these children, 33 participated in the detailed ADOS follow-up assessment. In 13 children a diagnosis of ASD was confirmed. The ASD prevalence, calculated from those 33 children and those with negative screening results (101 children), yielded 9.7% of the sample. The screening tool with the most positive results was the CSBS-DP-ITC (42 positive screens), followed by the M-CHAT (28 positive screens) and the ITSP (22 positive screens). Differences in the frequency of positive screens among the tests were significant ($p = 0.008$). In pair comparisons, the CSBS-DP-ITC was found to be significantly more positive than both the ITSP ($p = 0.022$) and M-CHAT ($p = 0.021$). No significant difference was found between the M-CHAT and ITSP. The results support the hypothesis of a higher prevalence of autism in children with birth weights <1500 g. Additionally, the simultaneous use of multiple screening tests increases screening sensitivity.

P467 A picture of infant, parents and family peculiarities in a group of families with premature babies

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Introduction: parent-preterm infant relationship is complex, and some relational patterns forecast greater psychological risk than others. Both temperamental infant peculiarities and quality of caregiving (positive parenting and parental stress) seem to be important predictors for later outcomes in preterm infants, and may be considered as foci for developmental interventions.

Aims of the study: (a) to investigate the quality of family interactive dynamics; (b) to draw a picture of the peculiarities of these families in terms of child temperament, self perception of parenting skills and parental stress. In order to analyze these variables we have performed descriptive and correlational statistics.

Method: the target group is recruited at S.C.I.A.F. (Padua, Italy) and is composed by 29 families with premature infants. The correct age mean is 23.50 months (SD 13.5) and the chronological age mean is 26.03 months (SD 13.53). At the beginning the families were involved in a psychodiagnostic assessment which included: Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999), Italian Questionnaire of Temperament (Axia, 2002), Family Empowerment Scale (Koren, De Chillo & Friesen, 1992) and Parent Stress Index- Short Form (Abidin, 2008).

Results: families' recruitment is still ongoing, then complete results will be available by 2016. From the preliminary analysis on the initial subgroup (6 families) we have noticed that (a) descriptives statistics indicate an appropriate quality of family interactive dynamics; (b) scores about child temperament and parental stress are in line with those of non clinical population.

Conclusions: preliminary results indicate the absence of significant peculiarities both in preterm children and parents in terms of variables investigated. Results are discussed for their implications for preventive interventions in families with premature infants in terms of parental support intervention.

P468 Mental health outcomes of five- and six-year old children born preterm

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Introduction: Preterm birth remains a global public health concern with approximately 10% of all births preterm. Advances in maternal-fetal medicine, obstetrics and neonatology have increased survival rates of infants at the limits of viability. Preterm infants are increasingly recognised to be at risk of adverse mental health outcomes, including more subtle but impairing social-emotional problems.

Aims: This study aims to investigate the relationship between preterm birth and social-emotional and behavioural outcomes in five- and six-year-old Irish children born preterm.

Method: The current study is a sub-study of the ReAlta study (Retrospective Study of Attachment and Social-Emotional Development of Five- and Six-year-old Children Born Preterm), a retrospective nested case-control study assessing attachment representations of preterm and full term children at age five and six, born at a university affiliated maternity hospital in Dublin between July 2006 and 2009. Fifty-five preterm (gestational age < 30 weeks) and 33 full-term children have been identified and recruited to the study. Interim analysis of Child Behaviour Checklists (CBCL) completed by parents is presented.

Results: The proportion of children with internalising difficulties in the clinical range was significantly higher in the preterm group, which is consistent with previous literature. There was an overall trend towards higher scores in the 5-year-old preterm group, who also had significantly higher attentional difficulties and a higher proportion of children who achieved clinical/borderline scores in any of the Syndrome Scales and DSM-Oriented Scales. This trend was not present in the 6-year-old preterms.

Conclusion: In spite of the study's small sample size and this being a preliminary analysis, there are indicators of increased psychological difficulties in children born preterm and particularly amongst the 5-year-olds in this group. This requires further exploration, which will be done in the full analysis. The difficulties identified warrant further clinical evaluation/mental health screening in this vulnerable group.

P469 Mother-child feeding interactions in extremely preterm, very preterm and full-term dyads at 18 months of age

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Introduction: Nutrition has always represented a problematic area for preterm children and their mothers, with more concerns for children born very and extremely preterm. However, literature lacks of studies that explore mother-child feeding interactions after the first year postpartum.

Aims of the study: The present study investigates the quality of mother-child feeding interactions in Extremely Low Birth Weight (ELBW), Very Low Birth Weight (VLBW) and Full-Term (FT) dyads at 18 months of age of the child. The role of the child's cognitive development and behavior is also evaluated as additional measure.

Material and methods: The sample includes 60 children and their mothers recruited from the province of Cesena (Italy): 15 ELBW (gestational age (GA) <32 weeks and birth weight (BW)

<1000 grams); 20 VLBW (GA <32 weeks and BW <1500 grams) and 25 FT (GA >37 weeks; BW >2500 grams). Exclusion criteria were: child's cerebral damage or chromosomal abnormality, parental psychiatric history and poor knowledge of Italian. At 18 months, 20 minutes of mother-child interaction during feeding were videotaped and later coded according to the Italian version of the Feeding Scale (SVIA). The child's development was assessed through the Griffith Scale and mothers completed the Child Behavior Check List as a measure of the child's behavior.

Results: ELBW dyads showed poorer feeding interactions than VLBW and FT dyads, displaying more maternal negative affect, higher interactional conflict and less dyadic reciprocity during the meal. No differences were found between VLBW and FT group. Moreover, no significant differences were found for the child's cognitive development and behavior among groups.

Conclusions: Among the population of preterm children, ELBW children seem to be at higher risk to experience more difficult and conflictual feeding interactions with their mother. Further longitudinal research should explore the long-term impact of these interactions on the child's eating behavior.

P470 Introducing a relationship based tool, the newborn behaviour observations (NBO) system, to relieve parental stress and prepare families for discharge from neonatal intensive care

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Pregnancy is a period of joy coupled with excitement. Unfortunately the adventure begins early for some and excitement can be overwhelmed by feelings of stress and anxiety. Babies born preterm require prolonged hospitalisation, separating infant and parent. Separation leads to loss of parental role and identity with diminished confidence in parenting skills and subsequent adverse effects on parental mental health. Early maternal separation has also been known to have profound short- and long- term adverse effects for the infant, including impairments in language, attention and executive function in early childhood. The evolution of developmentally supportive family-centered care is evident in many neonatal units worldwide, stemming from the direct link between parent well-being and neurodevelopmental outcomes of preterm infants. We aim to explore the potential role of the NBO system in infants born before 36 weeks gestation in improving infant-parent relationships and in reducing parental stress and anxiety. Hypothesising that serial NBO sessions will enhance parents' ability to build a relationship with their infant, improve parental understanding of infant behaviour, allowing them to perceive their infant as a "real person" and decrease parental stress and anxiety to prepare the family for discharge. Secondary objectives include assessing modifications needed to use the NBO system in a preterm population and assessing staff and parent satisfaction with using the NBO system.

Design: Prospective explorative observational study of the NBO system in NICU. Following written, informed consent each infant will undergo a minimum of 3 NBO interventions on a weekly basis from 34 weeks gestation. Parents will complete pre and post intervention questionnaires focusing on parental well-being and a satisfaction survey. Medical and nursing staff will also complete satisfaction surveys. 2 of the NBO sessions will be video-recorded as part of the assessment of use of the NBO in preterm infants.

P471 How do Clinical Psychologist encounter the infants's death in NICU?

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Psychological interventions in the perinatal care of infants and their families have been focused. The interventions are mainly supported by clinical psychologists (CP) in Japan. Some CPs belong to Neonatal Intensive Care Unit (NICU) where they are not involved in medical treatment, but they often encounter the infants' death. Up to date, it has not fully been discussed how the CPs feel in the face of such difficulties in NICU. The purpose of this study was to get fundamental data to reveal the reality of psychological interventions in the perinatal care and the CPs' recognition about their occupational role. Data collected in semi-structured interviews with three CPs were categorized and analyzed using the phenomenological analysis method (Oda, 2010). These CPs were selected because (1) they were responsible for psychological intervention in at least one family having a high-risk infant in NICU (2) they had encountered the infants' death in NICU. Each interview was based on the CP's experience of the infants' death, to ask about the way of intervention and her feelings, and her recognition about her own occupation in NICU. The results showed that all the three CPs took action, spurred by the desire: "to unite an infant and his/her family members by a family bond." Moreover, the three had the feelings of "powerlessness when faced with infants' death" in common. On the other hand, they proudly found "CP's role of supporting each infant's family" in the significance of always 'being' close to the infant and his/her family. Also, they positively recognized that "they learned from the experiences of infants' death, which have made them develop." For improving the quality of psychological intervention in the NICU, it is considered important to particularly analyze the CPs' sense of powerlessness and their process of realizing what their occupational role is.

P472 The family of premature babies in a rehabilitation program: assessment of triadic family interactions.

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Introduction: Health conditions at birth and early relationships are important for psycho-emotional development (Stern, 2004). Premature birth is a diffuse problem, relevant in terms of medical and psycho-emotional complications. These babies' parents may have difficulties in caring relationships (Landsem, 2014).

Aims of the study: - Compare triadic interactions in a group of preterm infants (Gpi) participating to neurorehabilitation program, with those in a group of born at term infant (Gti)
- Compare Gpi triadic interactions after six months of therapy, with those of Gti
- Compare, in Gpi, parental stress, self-perception of parenting skills, child temperament at the beginning of neurorehabilitation program and after six months
- Investigate, in Gpi, the link among self-perception of parenting skills, child temperament, parental stress and triadic relationships

The total sample consists of 12 families

Material and methods

- Italian Questionnaire of Temperament (Axia 2002)
- Family Empowerment Scale (Koren, De Chillo e Friesen, 1992)
- Parent Stress Index- Short Form (Abidin, 2008)
- Lausanne Trilogue Play (LTP, Fivaz-Depeursinge e Corboz-Warnery, 1999)

Ltp was administered to both groups, other tests were administered to Gpi.

Results: Ltp showed better interactions in Gti, even if, less differences were registered between the two groups (13 variables with better scores vs 11 variables) six months later, highlighting a good triadic interaction's evolution in Gpi. Amongst preterms' families, triadic interactions resulted to be influenced by prenatal stress, babies' temperament and parental skills.

Conclusions: Ltp seems to be important to investigate the characteristics of early interactions, especially in those families need to be supported in delicate periods of life (such Gpi could be). These families have, their own functioning and tools able to identify it, can orient effective clinical intervention.

P473 Preterm birth and postnatal depression in mothers and fathers: effects on infant development during the first year of life

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Introduction: Postnatal depression has been widely recognized as a risk factor for women's health and infant development, especially in traumatic experiences like preterm birth (Vigod et al., 2010; Neri et al., 2015). While the literature has widely investigated the consequences of postnatal depression on preterm babies' mothers, less is known about paternal depression. The aims of the study were: to compare levels of depressive symptoms between preterm and full-term infants' mothers and fathers; to study the influence of parental depression on infant development during infant's first year of life.

Materials and methods: 192 parents (99 mothers; 93 fathers) were recruited in the NICU of Bufalini hospital, Cesena (Italy) (preterm group-PT), while 165 families (88 mothers; 77 fathers) were recruited at antenatal classes at the same hospital (full-term group-FT). The total sample included 357 families. At 3 months of infant corrected age, mothers and fathers completed the Edinburgh Postnatal Depression Scale-EPDS (Cox et al., 1987) and a form regarding sociodemographic, obstetric and infant clinical data. The level of infant development was assessed by Griffiths Mental Development Scales-GMDS (Griffiths, 1996).

Results: Data analyses are in progress. The levels of depressive symptoms were always significantly higher in mothers when compared to fathers ($p=0,009$). According to group status, PT parents were significantly more depressed than FT group ($p=0,05$) at 3 months of infant corrected age, while no differences emerged at 9 and 12 months.

Conclusions: Results confirm how preterm birth represent a risk factor for postnatal depression, especially in mothers and in the first months after childbirth. Early diagnosis can help to plan supportive, preventive interventions in the neonatal period.

P474 Recovering reverie: maternal attachment representations of their preterm infants

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Introduction: Parents of preterm infants may experience significant psychological distress in the perinatal period. Early trauma and the infant's immaturity may affect parent-infant interaction. The effects of premature birth on attachment have mostly been examined from the infant's perspective however number of studies have looked at attachment following preterm birth from the mother's

perspective, but mostly during later infancy and toddlerhood. Maternal attachment representations have been shown to play a central role in infant attachment and socio-emotional development.

Aims of the project: This exploratory project aims to explore the developing maternal attachment representations of mothers of preterm infants born at less than 32 weeks gestation prior to their infant's discharge from the NICU and engagement in a brief attachment focused intervention. The study also explores the impact of attachment representations on outcomes of the brief intervention at 9-12 months.

Description: Thirty three mothers participated in a semi-structured interview having given their consent. The Working Model of the Child Interview (Zeanah et al.,) was used to elicit mothers' perceptions of, and subjective experiences with, their infant and their relationship. The anonymised interviews were coded by a trained coder, not blind to infant risk. Based on the original WMCI coding scheme, mothers' internal representations were classified into one of three main categories: Balanced, Disengaged, or Distorted.

Nine mothers' (27%) attachment representations were classified as balanced, 13 (39%) as disengaged and 12 (36%) as distorted. At follow-up mothers with balanced representations were more responsive and their infants less passive during play than mothers with non-balanced representations. Themes of powerlessness and disengagement will be discussed.

Conclusion: Maternal representations provide insight into the developing relationship between mothers and their preterm infants, and help to identify relationships which may be at risk. Research on how specific interventions can be developed taking into account maternal representations is needed.

P475 Postpartum psychiatric symptoms and disorders in parents of infants with very low birth weight: Cross-sectional results from a controlled multicentre cohort study

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Introduction: Preterm delivery and survival rates of very low birth weight (VLBW: <1500g) infants are increasing. The focus on studies about postpartum mental health after preterm delivery has been on women and on depression. Little is known about prevalence and risk of different psychiatric symptoms and disorders like postpartum anxiety, depression, posttraumatic stress, adjustment and acute stress disorders in mothers and fathers after VLBW birth and its consequences for the offspring.

Aims of the study: The global aim of the study is to investigate associations of parental mental health and the mental and physical development of the children.

The aim for the data presented here was to investigate the prevalence and risk of different psychiatric symptoms and disorders one month postpartum in both parents with a VLBW infant compared to parents with term infants.

Material and methods: Parents with VLBW infants and parents with term infants were recruited into the longitudinal HaFEn-study at the three largest centres of perinatal care in Hamburg, Germany and are prospectively followed to eight years of children's age. For the data presented here, postpartum psychiatric symptoms and disorders, that were assessed one postpartum using standardised questionnaires and clinical interviews, were analysed.

Results: 230 mothers and 173 fathers were included. Overall, one month postpartum, parents with VLBW infants have a higher risk for different psychiatric symptoms compared to the term group, and also for some psychiatric disorders like major depression (only mothers) and adjustment disorders (both parents).

Conclusions: Our findings highlight the importance of early screening for different psychiatric symptoms and disorders in both parents of VLBW infants.

P476 "I want to take her home and at the same time I'm afraid:" Maternal feelings and expectations in the pre-discharge of the prematurely born baby

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After birth, the prematurely born baby has to stay in a Neonatal Intensive Care Unit (NICU) and is cared for by the team in the first moments of life. The preparation for baby's discharge from the NICU is a complex process, permeated by different maternal feelings and expectations. The aim of this study was to investigate the maternal feelings and expectations in the days just before the discharge of their premature babies. Forty-two mothers whose babies were born prematurely in Porto Alegre, Brazil, participated in this study. They were selected from the longitudinal project "Prematurity and Parenting: from birth to 36 months of a child's life" (PREPAR). They were contacted around the 15th day after birth, and invited to participate. They signed the Informed Consent and answered a structured interview about motherhood when the baby was just a few days from discharge. A qualitative analysis was carried out using three categories of analysis: Maternal involvement in caring for the baby at pre-discharge, Expectations regarding the discharge from the NICU and Expectations regarding home care. The results revealed greater involvement of mothers in baby care compared to previous times of hospitalization, being a period marked by more contact and proximity between them. Related to this, the mothers reported more autonomy and greater identification with their role of mother. The relevance of the team's role in encouraging this involvement is highlighted as well as the mothers' expectations that this proximity would be extended to home care. Mothers reported several and contradictory feelings with the imminence of the discharge and expected to count on the help of non-maternal caregivers in home care. The importance of a planned discharge from the beginning of hospitalization, considering the specificities and feelings of each mother, and the role of NICU team in this process are highlighted.

P477 Extreme premature babies : how to enable parents to express their emotions in this traumatic situation and use their resilience potential to bond with the neonate

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The goal of the psychotherapists in dealing with extremely premature babies is the revival or strengthening of the bond between the baby and his parents during the NICU stay and the follow-up consultations on the infant. Various factors impact the preexisting relationship: the brutal separation between the mother and the newborn, the parents encounter with a low birth weight, motionless and intubated baby with shuteyes in an incubator, the announcement of the vital instability and possible long term complications, the parents' dependency on the medical staff. Facing this traumatic and alarming situation, the work of the psychotherapists must be tailored to each family in order to prevent parental depression, negligence and child abuse. The psychotherapist – patient relationship is unique in this setting as the patient is not represented by a single entity, but is a tripartite. The newborn, the father and the mother, each playing a role in the interaction. The aim of this workshop is to share our ways of working. Through the use of case studies, the role of a psychologist working in such a field will be illustrated. The importance of the

cooperation between the pediatrician and the psychiatrist-psychoanalyst in the setting of continuous care after the end of the hospitalization will also be described. Baby arriving at home after the hospital is another turning point, as there is an increased risk of parental depression and thus it requires a careful follow up. We will show what can be used as the foundation of these therapies through the use of a video and roleplays.

P478 Prevalence of psychopathology in preschoolers with very low birth weight and bronchopulmonary dysplasia

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Background: Children born with very low birth weight (VLBW) <1500 g) are at risk for chronic behavioural and emotional problems. Poorer developmental outcomes have been reported in VLBW children with bronchopulmonary dysplasia (BPD) a serious, chronic pulmonary condition, compared with VLBW children without BPD. Despite the known risk, these children are not routinely evaluated before the school entrance, which may lead to the delay between occurrence of the problems in social and academic functioning and mental health interventions. **Objective:** To evaluate psychopathology in preschoolers born with VLBW and BPD and set-up baseline data for prospective evaluation.

Methods: Sample: 5 years old age children born with BW ≤1500g and BPD (N=70) enrolled in the program "New methods in the consequent care of children with perinatal problems of the Pediatric Department". Tools: parents completed a Child behavior Checklist (CBCL) (1^{1/2}-5 years), Screen for Child Anxiety Related Disorders (SCARED), Childhood Autism Spectrum Test (CAST).

Results: Positive/borderline scores of internalizing problem have been present in 20% resp. 25% of children. Externalizing problems have been much lower prevalent (positive scores in 5%, borderline scores 7.5%). DSM-5 oriented evaluation showed that the most prevalent were Autistic spectrum problems (17%) followed with Anxiety problems (7.5%), Depressive problems (7.5%) and Oppositional defiant problem (2.5%). Screen for anxiety disorders revealed that from all anxiety disorders the most prevalent have been Separation anxiety disorder (45%) and Social anxiety disorder (30%). Specific screen for Autism spectrum disorders suggested positivity in 10% of children in the sample.

Conclusions: Our data are in agreement with other studies showing that behavioural and emotional problems are more prevalent in VLBW and BPD children in compare with term children. Unexpected finding is higher prevalence of internalizing problems in compared with externalizing problems especially surprising is low prevalence of ADHD.

P479 Cognitive abilities and behavior problems of very low birth weight and extremely low birth weight children in preadolescence and early adolescence

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Introduction: With the recent progress of assisted reproductive technology, survival rates of very low birth weight (VLBW) and extremely low birth weight (ELBW) children have been drastically improving. Interest of researchers and clinicians has turned to psychodevelopmental aspects of VLBW/ELBW children.

Aims of the study: The aim of this study was to investigate the characteristics of cognitive abilities and behavior problems among VLBW/ELBW children in preadolescence and early adolescence.

Material and Methods: The subjects were 36 VLBW/ELBW children (19 boys and 17 girls) aged 10 to 15 years born at Yamagata Prefectural Central Hospital (YPCH) from 2000 to 2005. The parents of the subjects gave written informed consent to participate in this study. The subjects were asked to complete YSR and their parents and their teachers were asked to complete CBCL or TRF by mailing method. WISC-III were administered to the subjects in July and August in 2015. This study was approved by the ethics committees of Taisho University and YPCH.

Results: The boys showed significantly higher total scores of CBCL than girls. The girls showed significantly higher Externalization scores of TRF than boys. There were no significant difference in WISC-III between boys and girls. In the boys only, VIQ of WISC-III was significantly higher than PIQ. ELBW boys showed significantly higher scores in Withdrawn subscale of CBCL than VLBW boys. VLBW boys showed significantly higher scores in VIQ and PIQ than ELBW boys. ELBW girls showed significantly higher scores in Delinquent Behaviors subscale of CBCL and Inattention subscale of TRF than VLBW girls. VLBW girls showed significantly higher scores in VIQ and PIQ than ELBW boys.

Conclusions: These results suggested that ELBW children show more problems in cognitive abilities and behaviors than VLBW children. Clinicians should pay more attentions to cognitive and emotional developments of ELBW children.

P480 Parental reaction to child's cleft lip and palate diagnosis: a clinical

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Several studies have shown that the experience of receiving a diagnosis of their child's illness may be a time of great stress for parents. In this direction, the parental difficulties to adapt to the new reality may represent an additional risk compared to the existing diagnosis. Although various studies have dealt with the impact of various pediatric diseases, very few investigations have studied the diagnosis of cleft lip and palate (LPS). This exploratory study aim at observing - during the sixth month of the child's life - a couple who had received a diagnosis of their child's LPS

during pregnancy. Parents were administered: Family Adaptability and Cohesion Scale (FACES-IV), Parenting Stress Index Short Form (PSI-SF) and Reaction to Diagnosis Interview (RDI). The results showed, for both the mother and the father, a total PSI score above the 90th percentile, indicating a high level of parental stress. High levels of rigidity and over-involvement emerged, and were accompanied by high levels of cohesion and flexibility (FACES). RDI has shown indexes of maternal difficulties in resolving the child's diagnosis, revealed by the attitude to be stuck in the past and overwhelmed by the feelings. Data seem to indicate the presence of a family environment characterized by high levels of paternal rigidity and maternal aspects of lack of resolution. The presence and the mutual influence between them seems to be a risk factor with respect to parenting skills in managing the diagnosis and the consequences given by the presence of LPS. Further empirical studies are needed to explore and better understand the impact of these variables on the family functioning.

P481 Regulation of affect during maternal still-face among preterm infants

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Introduction: Very preterm infants (VPT) show difficulties in regulating arousal. Relatively few researchers examined the response of preterm infants to the Still-Face Procedure (SFP).

Aims: Compare affective regulation among VPT, Moderately Preterm (MPT) and Full Term (FT) infants at four-months (corrected age for preterm).

Methods: 125 dyads: 38 FT (gestational age: 37-41 weeks, birth weight: > 2500 gr.), 63 MPT (28-34 weeks, 1270-2400 gr.) and 24 VPT (24-33 weeks, <1250 gr.).

The SFP procedure consist of three episodes: Face-to-face interaction, Still-face and Reunion. Infants' affect and gaze during the SFP were coded.

Results: Episodes duration was shorter for both preterm groups compered to FT group in still-face, $F(2, 122) = 5.740$, $p = .004$, and Reunion, $F(2, 122) = 8.465$, $p < .001$, due to infant's distress. Therefore, analyses were executed using percentage scores.

1. Face-to-face episode:

Both preterm groups showed less *positive affect*, $F(2, 122) = 9.972$, $p < .001$, and less *gaze towards mother's face*, $F(2, 122) = 17.58$, $p < .001$ compared to FT group. The VPT group revealed a shorter latency to cry compared to the MPT group and FT group, $F(2, 121) = 6.27$, $p = .003$.

2. Still-face episode:

No significant differences emerged.

3. Reunion episode:

The VPT and MPT groups showed more *gaze aversion from mother* compared to FT group, $F(4, 244) = 3.10$, $p = .016$.

Conclusion: Preterm mother-child SFP were characterized by more gaze aversion and less positive affect. This may suggest different emotional reactivity and regulation of social interaction among preterm infants.

P482 NIDCAP methodology for the prevention of developmental and relational risks in the preterm born baby: a study on an Italian sample

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Introduction: Aim of this study is to investigate the efficacy of the NIDCAP methodology (Als, 1984), an early intervention program in a Neonatal Intensive Care Unit for reducing the risk of low psycho-motor development of the preterm born baby and difficulties in the parent-child relationship.

Materials and methods: 78 families of preterm infants (gestational age <30; birth weight <1500 g.) were studied, dividing them into two groups: 1) A Group, composed by 39 families assisted by the NICU of the Rimini Hospital following the NIDCAP methodology; 2) B Group, composed by 39 families assisted by the NICU of the Brescia Hospital following the standard Care methodology. The families were studied up to 24 months corrected age of the baby. Both parents, at discharge, were given the PSS-NICU, which assesses the perception of parental stress caused by the NICU physical and psycho-social environment. At 3 months corrected age of the child, mother-child and father-child dyads were subjected to the CARE-Index (Crittenden 1979-2004), a videotaped procedure for the assessment of the parental sensitivity and precursors of attachment. During the follow-up consultations (at 3-6-9-12-18-24 months corrected age) both parents were given the CES-D, for the assessment of depression, and the STAI Y-2, for the assessment of trait anxiety. Psychomotor development of infants was assessed using the Bayley Scales III.

Results and conclusions: Preliminary data of the study will be presented. The NIDCAP method, based on care of the family of the born preterm, seems a valuable tool for prevention of child development pathology and attachment difficulties, providing a guide for the training of parents and NICU health professional.

P483 Prematurity and motherhood: the experience of mothers in a Neonatal Intensive Care Unit (NICU)

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Introduction: The preterm birth of a child may represent a traumatic event for parents (Tracey, 2000). With specific regard to the mother, she may feel that the close bond with her infant, developed in the first months of pregnancy, has been suddenly interrupted and her role is more limited and encumbered, since she has become a mother in a physical sense but not completely in a psychological or emotional one (Flacking et al., 2006).

Aims of the study: Our aim was twofold: 1) to explore the maternal state of mind with respect to herself as a mother and to her infant in a NICU; 2) to investigate the possible association among maternal state of mind, depressive symptoms and anxiety.

Material and methods: The sample consisted of 50 mothers (mean age = 34 years; sd = 4.6) of preterm infants (gestational age range = 26-35 weeks). We administered the Italian version of the Clinical Interview for Parents of High-Risk Infants (CLIP; Meyer et al., 1993; Candelori et al., 2015), coded according to Keren et al.'s manual (2003). In addition we detected depressive (Edinburgh Postnatal Depression Scale; Cox et al., 1987) and anxiety (State-Trait Anxiety Inventory; Spielberger et al., 1970) symptoms.

Results: Pearson's correlations showed positive associations between depressive symptoms and some CLIP dimensions (present feelings towards baby, self-parental image, reaction to lack of control over baby); in addition state anxiety positively and significantly correlated with three dimensions of the CLIP (first feelings towards baby, present feelings towards baby, reaction to lack of control over baby).

Conclusions: This study supports research highlighting that mothers of infants hospitalized in NICU are at risk for depression and anxiety symptoms. The premature birth may affect mothers' representation of their role and may influence the building of the first mother-child bonds.

P484 Association between neonatal neurobiological risk at discharge from hospital and behavioral symptoms at the age of six in very preterm infants with very low birth weight

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Introduction: Preterm born children have been reported to be at greater risk of behavioral/emotional morbidity (Potijk et al., 2014), especially if they suffer from consequences of peri-/postnatal neurobiological injuries (Brazy et al., 1991; Elgen et al., 2012).

Aims of the study: Objective of this follow-up of a prospective longitudinal study was to investigate the association between the neonatal neurobiological risk of preterm born infants with very low birthweight (vlbw) at the time of discharge from hospital and their behavioral development at the mean age of 6.8 years postpartum (min= 6.1 years; max= 8.4 years; SD= 0.5).

Material and methods: The sample consisted of a German cohort of N= 79 high-risk preterm born children (41 boys, 38 girls) with vlwb (min= 450g; max= 1490g; SD= 272.05g) of women without psychopathological history. Children's neonatal neurobiological health was measured using the Nursery Neurobiologic Risk Score (NBRS; Brazy et al., 1991); a questionnaire to assess physiological damage of brain cells/tissue rated by neonatologists. Preemies' behavioral outcome was evaluated with the Child Behavior Checklist (CBCL; Achenbach, 1991) completed by parents.

Results: Subjects showed a significantly higher CBCL total score with six years postpartum than Achenbach's (1991) normative sample ($p < .01$). Furthermore, the neonatal NBRS overall score significantly predicted the CBCL subscales »social problems« ($\beta = .31$, $t(76) = 2.8$, $p < .01$) as well as »attention problems« ($\beta = .31$, $t(76) = 2.9$, $p < .01$) at the age of six. The NBRS score explained 8.1 % of variance in »social problems« and 10.5 % of variance in »attention problems«.

Discussion: In childhood, Clinically relevant behavioral symptoms, particularly social/attention problems are more common among preemies who had a high NBRS score after discharge. These findings stress the urgent need to examine predictivity of neonatal neurobiological morbidity on later behavioral outcome and to design remedial evidence-based, long-lasting follow-ups.

P485 Emotional and behavioral problems in children born prematurely

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Introduction: Preterm birth is often related to negative consequences for global development. Parents must deal with considerable distress regarding babies' medical condition and developmental prognosis. In this study our aim was to examine psychopathology of premature children, exploring the importance of early biological and psychosocial risk factors in the developmental trajectory.

Method: A cohort of 45 children born prematurely (≤ 32 weeks and < 1500 g) was evaluated with the Griffiths Mental Developmental Scales (2006) at 5th year of life (Mean: 55,11 months), and their mothers were asked to complete a questionnaire on emotional and behavioral problems on the child: the Child Behavior Checklist (CBCL 1 ½ - 5 ; Achenback et al, 2014) Indicators of medical risk (e.g. gestational age, weight at birth, days of hospitalization) and sociodemographic factors were considered .

Results: General Quotient (GQ) scores at fifth year are in average (Mean: 86.9). Regarding emotional and behavioral problems and medical risk conditions, no associations were found between birthweight and gestational age, although the length of stay in the hospital (< 30 days) is negatively correlated with attentional problems ($rs = -.330$; $p = .46$) and, in the DSM V oriented subscales, with ADHA ($rs = .444$; $p = .006$). Mother's educational level (MEL) is significantly correlated with mother's perceptions of emotional and behavioral problems. Lower MEL scored higher in emotional reactivity ($rs = .351$; $p = .036$), anxiety/depression ($rs = .472$; $p = .004$) and aggressive behavior ($rs = .369$; $p = .027$).

Conclusion: Results underlying the importance of follow-up monitoring of preterm children pointing out the specificity of developmental process in moderately preterm children (length of hospitalization < 30 days), the role of early environment risk and protective factor (e.g. MLE) and the development of effective intervention programs.

P486 Rehospitalization after very preterm birth: incidence and predictors that can inform mental health best practice

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Introduction: With the advances in the neonatal intensive care units (NICU) in the last years, we have been witnessing a decrease in neonatal and infant mortality within very preterm children. Nonetheless, among these infants, rehospitalisation in the first years of life is more frequent than among moderate preterm infants and full-term infants (Blondel, Truffert, Lamarche-Vadel, Dehan, Larroque, Le Groupe Épipage, 2003; Cunningham, McMilan, & Gross, 1991), which means that in spite of neonatal care after birth, these infants have health frailties that increase the need for medical care in the first years of life.

Aims of the study: Analyse the incidence and factors associated with rehospitalisation among very preterm infants in the 1st year corrected age.

Material and methods: All infants born before 32 weeks of gestational age in two Portuguese regions, between June 2011 and may 2012, and discharged from the NICU that are part of the *Effective Perinatal Intensive Care in Europe* (EPICE) cohort, were included in this study. At 12 months corrected age parents performed a structured questionnaire ($n = 456$) about infant health.

Results: Immediately after childbirth the mean length of stay at the NICU is of 58.73 days. After discharged home, 31.4% of the infants were rehospitalised - once (22.6%) or more than once (8.8%) -, in a total amount of 222 occasions. Mean duration of rehospitalisation was 9.64 days. The most common cause of rehospitalisation was respiratory problems. After adjustment, associated factors for rehospitalisation in the first year of life among very premature infants were male sex, small for gestational age, exclusive formula feeding and severe morbidity.

Conclusion: Analysing the rates and causes of rehospitalisation among very preterm infants can provide insights on guidelines to promote and develop best practices for additional family mental health care support after initial discharge.

P487 (S)he belongs to me: The effect of video interaction guidance on parents' feelings of attachment in families with preterm infants

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Introduction: Preterm childbirth is a major public health issue, as it is a leading cause of neonatal mortality and morbidity worldwide. While incidence rates continue to rise, the prognosis for infants has improved considerably. However, preterm birth can be a very traumatic for parents and several studies have shown that many parents have heightened levels of anxiety, depression, frustration, distress, and even symptoms of traumatization (Obeidat, et al., 2009). These intense emotions in their turn can result in a delay or disruption in the process of establishment of an affectionate parent-infant relationship and in a delay of feeling attached or bonded with the infant (Flacking et al., 2012). To enhance the process of feeling attached to their infant we evaluated the effectiveness of hospital-based Video Interaction Guidance (VIG; Eliëns, 2010; Kennedy, 2011) for mothers and fathers of infants born preterm (25-37 weeks of gestation). VIG is a short term, non-intrusive, behaviorally-focused, preventive video-feedback intervention, wherein parents are guided to reflect on their own successful interactions.

Method: Directly after preterm birth, 150 families participated in a pragmatic randomized controlled trial to examine the effects of VIG as adjunct to standard hospital care. The outcome measures were parental feelings of attachment and bonding (assessed by using the *My Baby and I* questionnaire; Furman & O'Riordan, 2006 and the *Yale Inventory of Parental Thoughts and Actions*; Feldman, et al., 1999). Outcomes were assessed at 3-weeks (M1) and 6-months (M6) post-intervention.

Results: VIG proved to be effective in enhancing parental bonding and feelings of being attached to their infant, especially for fathers.

Conclusions: The results indicate that VIG is a useful addition to standard hospital care, reducing the impact of preterm birth on the parent-infant relationship. VIG appeared particularly beneficial for fathers, and for mothers with traumatic experiences.

P488 Parental stress in neonatal intensive care unit: research and clinical contributions

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Introduction: Parental stress resulting from infants hospitalized in neonatal intensive care units (NICU) is described in many studies. This experience is usually associated with long term parent emotional effects and may influence their parenting behaviors. This study aims to identify the sources of stress for parents of ill infants in the NICU and to identify demographic and situational factors influencing parental stress.

Method: A total of 75 parents of infants admitted to the NICU within the first 48 hours of admission completed the Parental Stressor Scale: Neonatal Intensive Care Unit (PSS: NICU) and unstandardised clinical interviews during the hospital stay.

Results: The results indicated that the baby's appearance and behavior, as well as the relationship with infant and parental role alteration were the major sources of stress. Parents reported more stress for infants with lower birth weights and gestational ages. Mothers reported

negative feelings associated with being separated from their infants, impotence to change baby's condition and protect him from pain, and reproductive failure.

Conclusion: Parents of infants admitted to the NICU experience high levels of stress.

Understanding the most common sources of stress helps to develop family-centered care in the NICU.

P489 Semantic and prosodic analysis of maternal and paternal vocal interaction with their preterm babies

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Introduction: It is well documented that children are born with the ability to participate in social interactions and show a strong preference for Infant Directed Speech, a musical way of speaking characterized by exceptional prosodic and semantic features. Numerous studies have also shown that trauma of premature birth can influence the quality of parent-infant interactions. As early parent-infant communication constitutes the basis for child development, there is a need to broaden the knowledge about the specificity of parent-preterm infants protoconversations.

Aims of the study: The aims of the study were 1) to analyze the prosodic structure of mother-infant as well as father- infant vocal interactions and 2) to describe semantic features of maternal and paternal Infant Directed Speech in groups of 3-month-old preterm children.

Material and methods: A total of 30 families were selected from the participants of the project relational and biological predictors of self-regulation in preterm children (Kmita, 2013) and visited at their homes. Mothers and fathers were asked to play with their 3-month-old babies "as they usually do". Video recordings of parent-child interactions were made. For the purpose of this study one minute long parent-child protodialogue episodes were selected. Content as well as prosodic analysis of parental IDS were performed. Acoustic analysis was conducted with the application of the Praat 5356 software.

Results and conclusions: The study is still in progress. Preliminary qualitative analysis of parental IDS shows that unique themes can be distinguished in mother-infant as well as fathers-infant vocal interactions. Preliminary acoustic analysis results show the significance of parental vocal behaviours emotional quality as well as the occurrence of vocal imitation episodes in parent-preterm infant vocal interaction.

13:15 – 14:45 Symposium

Intergenerational transmission of risk and relationship dysfunction: New insights from prospective studies and meta-analyses

Moderator: Madigan, S.

Department of Psychology, University of Calgary, Calgary, Canada

Discussant: Cyr, C.

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Narrowing the transmission gap: A meta-analysis of three decades of research on the intergenerational transmission of attachment

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Introduction: In 1995, meta-analytic results confirmed the association between caregiver attachment representations and caregiver-child attachment (Van IJzendoorn, 1995). This study also showed that caregiver sensitivity could only partly explain this intergenerational transmission, leaving the field with an intriguing ‘transmission gap’. AIMS: Since then, the intergenerational transmission of attachment and the transmission gap have been the focus of many studies, carried out in diverse populations worldwide. Two decades later, the current study revisited the effect size of the intergenerational transmission of attachment and the heterogeneity of the transmission effects. Furthermore, the size of the transmission gap was investigated.

Method: Analyses were carried out with a total of 95 samples (total $N = 4,819$).

Results: Intergenerational transmission of attachment was found in all analyses, albeit with larger effect sizes for secure-autonomous transmission ($r = .31$) than for unresolved-disorganized transmission ($r = .21$). All effect sizes were also smaller than those presented in the 1995 meta-analysis by van IJzendoorn ($r = .47$ and $r = .31$, respectively). The effect sizes were smaller in at-risk samples, non-biologically related samples, and samples with younger children. The meta-analyses also showed that unpublished studies had smaller effect sizes than published studies and that effect sizes declined over the years. The question whether there are differences in attachment transmission between different types of at-risk samples (e.g., clinical samples, teenage mothers, children with problems) will be investigated. With respect to the transmission gap, path analyses showed that caregiver sensitivity could not fully explain the intergenerational transmission of attachment, not even after correcting for multiple sources of potential error. However, the smaller effect size of more recent studies did narrow the transmission gap, leaving a smaller gap to be explained in future research.

Conclusion: Implications for attachment theory and future directions for research and practice are discussed.

Intergenerational transmission of risk: Marital conflict trajectories and children's early disruptive behavior

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Introduction: Early childhood is an important developmental period to study, as the foundation and architecture for lifelong growth and learning is anchored during this time. Environmental stresses in early childhood, such as exposure to marital conflict, can have a particularly enduring influence on child development. Currently absent from the literature is an examination of whether heterogeneous subgroups of marital conflict trajectories can be identified in the early childhood period, and if so, whether trajectories of marital conflict are associated with differences in children's disruptive behavior problem in early childhood.

Aims: We seek to (a) identify heterogeneous trajectories of marital conflict during early childhood; (b) identify predictors associated with these trajectories; and (c) examine the significance of the trajectories with regards to developmental trends in child disruptive behavior in early childhood.

Methods: Participants were 469 families examined four times between 2 and 54 months of age. Maternal reports of marital conflict, adverse childhood experiences, and depressive symptoms were collected and maternal and paternal reports of child disruptive problems were used.

Results: Using growth mixture modeling, three trajectories of marital conflict were identified: high-increasing (23%), high-decreasing (7%) and low-stable (70%). Maternal adverse childhood experiences predicted increased risk of belonging in the high-increasing group, whereas depressive symptoms predicted increased risk of belonging in the high-decreasing group. Children of mothers in the high-increasing group exhibited higher levels of disruptive behavior at 36 and 54 months.

Conclusions: Unique trajectories of marital conflict in the early childhood years exist. Individuals in the high-increasing marital conflict trajectory group had children with the highest levels of disruptive behavior. This study provides a deeper understanding of the transmission of conflict and aggression across generations. Findings should provide new targets for intervention efforts that aim to break the intergenerational cycle of aggression and risk.

The role of emotion recognition in the intergenerational transmission of maltreatment: A multigenerational family study

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Introduction: Parents who experienced maltreatment in their childhood are at risk of maltreating their own children. However, little is known about the mechanisms that can explain this intergenerational transmission. One candidate would be parents' emotion recognition. There is evidence that maltreated children as well as maltreating parents show deficits in emotion recognition, but this has never been investigated in a multigenerational study.

Aims: The aim was to test whether experienced maltreatment is a risk factor for perpetrated maltreatment and whether emotion recognition can explain this intergenerational transmission.

Methods: The current sample is a subsample from an ongoing study on the intergenerational transmission of maltreatment and consists of individuals with an increased risk of parent-to-child maltreatment. We invited them to participate with their family members (parents, partners, children, siblings, nephews, nieces). Information on experienced and perpetrated maltreatment is

available for 170 parents. The Conflict Tactics Scales (Straus et al., 1998) and the emotional neglect subscale of the Childhood Trauma Questionnaire (Bernstein et al., 2003) were completed by the participants (experienced and perpetrated), their parents (perpetrated) and their children (experienced), so information about maltreatment was available from two sources for each construct. Participants also performed an emotion recognition task (Pollak et al., 2009) in which they viewed different emotions (angry, happy, fear, sad, and surprise) presented as series of ten images ranging from neutral to the maximum emotion expression and were asked to indicate which emotion they saw for each image.

Results: The association between experienced and perpetrated maltreatment will be tested. In addition, the mediating role of emotion recognition will be examined. Furthermore, we will test whether the model differs depending on types of maltreatment and types of emotions.

Conclusions: Results of this study will be important in the quest for breaking the cycle of maltreatment.

Maternal histories of adversity and children's health outcomes: The mediating role of biomedical and psychosocial risk

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Introduction: The seminal work of Felitti and colleagues (1998) demonstrated that an accumulation of early adverse childhood experiences (ACEs) – such as maltreatment and family dysfunction – have lifelong consequences on physical and mental health. However, there is a scarcity of research explicitly examining the effects of maternal ACEs on child outcomes.

Aims: In the current study we examine the relationship between mothers' ACEs and children's health and emotional outcomes in their second year of life. In particular, we focus on both children's physical and emotional health, and examine two competing mechanisms through which the effect of maternal ACEs may operate: via biomedical and psychosocial risk in the prenatal and early postnatal period, respectively.

Method: Participants include 668 community families recruited shortly after giving birth. At infant age 2 months, mothers retrospectively reported on adverse childhood experiences and also completed measures related to psychosocial (e.g., maternal depression, marital conflict) and biomedical (e.g., pre- and perinatal complications) risks. Parental reports of child physical and emotional health were collected at child age 18 months.

Results: First, the greater the number of maternal ACEs, the greater the likelihood that a mother experiences biomedical and psychosocial risks. Second, we found that (a) higher ACEs were associated with more child physical health problems through heightened biomedical risk, and (b) higher ACEs were associated with more offspring emotional problems through heightened psychosocial risk.

Conclusions: Results suggests that maternal adversity in childhood has intergenerational implications for the physical and emotional health of her offspring. This research contributes to a growing body of literature on the intergenerational impact of toxic stress, transmitted from mother to child in a seemingly unbroken cycle, and points to the need to develop support services to break this cycle of risk.

13:15 – 14:45 Symposium

Moving forward in challenging times: home visiting in the CEE-CIS region

Moderator: Korfmacher, J.

Child Development, Erikson Institute, Chicago, United States

Discussant: Grover, D.

Regional Office for CEE/CIS, UNICEF, Geneva, Switzerland

Providing regional support to strengthening family and child resilience through home visiting

Schwethelm, B., Grover, D.

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Introduction: The health and wellbeing of many young children of South Eastern Europe and the Commonwealth of Independent States is at high risk. Populations are unaware of the need for nurturing parenting and safe and stimulating home environments. Use of violent discipline remains high, even for the youngest age group. Child abuse and neglect are underreported, and young children from socially excluded families or with disabilities are still likely to be placed in residential care.

Purpose of the work: To strengthen effective parenting and family resilience, UNICEF supports more than a dozen countries in the region in reforming health home visiting services. The intent is to move beyond a narrow medical approach to address young child well-being comprehensively in the family context.

Description of work: UNICEF provides guidance to governments in reforming their home visiting systems through health system assessments, needs assessments, early childhood development advocacy, and capacity building. One important component this presentation will highlight is a regional resource and training package currently being tested to promote competencies of home visitors that can be adapted to national use. It focuses on knowledge and practices of home visitors to work in partnership with families, promote caregiver-child attachment and optimal development, and identify young children and families at risk.

Conclusion: A common feature across the work in this region is a “universal progressive” approach, where all families benefit from a comprehensive universal service and families with identified needs receive enhanced services. A continual challenge is helping governments focus on these needs even in the context of political or national strife (such as Syrian refugee crisis). UNICEF will share the progress and challenges of advancing this process in the context of country-led programming, in order to introduce new forms of service delivery that contribute to young child health and wellbeing.

Reforming home visiting to address the needs of young children with developmental difficulties in Turkmenistan

Duman, S.

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Introduction: Turkmenistan started health system reforms at independence. Home visiting, a service provided to families during Soviet times, remained an important component. To integrate new evidence of early child development, the Ministry of Health is reforming home visitation services with UNICEF support. This presentation outlines these efforts and provides results of a needs assessment conducted through child monitoring.

Purpose of the work: Although child health and physical growth (height and weight) is monitored regularly, limited attention was provided to children's cognitive and social-emotional development, parenting skills, and the safety and stimulation value of the child's home environment.

Description of work: Over the past two years, Turkmenistan has introduced the innovative Growth Monitoring of Child Development (GMCD) screening instrument. All home visitors in the ECD demonstration regions were trained in child development, early detection of developmental delays and difficulties using the GMCD tool and WHO growth charts, and in the counseling of parents in promoting child development. The monitoring tools have proved easy and efficient to administer. Analyzing the patient records of 228 children 0-5 years old in 38 health facilities whose families met with trained home visitors revealed the following difficulties: receptive language – 4.0 %, expressive language – 16.4 %, gross motor – 10.2 %, fine movements – 14.7 %, play – 14.0 %, relationships – 16.5 %, self-care – 26.6 %."

Conclusions: The use of the new tool has demonstrated the need to develop early intervention services. To address this critical need, UNICEF supported the Government in developing a *National concept on introduction of developmental pediatrics and early intervention services and action plan for 2015-2020* which is currently pending Government approval. New programming will contribute to better meeting the needs of young children with developmental difficulties.

Ensuring safe and supportive environment for early childhood development among vulnerable families through home visiting in Serbia

Zajeganovic,J.

Early Childhood Development, UNICEF Belgrade, Belgrade, Serbia

Introduction: Although children in residential institutions in Serbia has decreased in the past few year, children placed in foster care continues to grow. An estimated 26 % of all children placed in formal care are Roma, while 60% in institutions are children with disabilities. Limited support has been done to support biological families and prevent the need for formal care. Fortunately, Serbia has a well-developed system of nurse home visiting for infants and young children and since 2008, in selected municipalities, the visiting nurses system was enriched with the Roma health mediators to facilitate establishment of linkages between Roma community and community service systems.

Purpose: Demonstrate efforts of UNICEF, with the Ministry of Health, to strengthen the role of visiting nurses (and Roma health mediators) to support parental empowerment for early childhood stimulation and recognize the risks that tend to decrease parental responsiveness to children's needs.

Description of the work: Revitalizing the work of visiting nurses in co-operation with Roma health mediators entails strengthening their role in prevention, alerting and referring and supporting in the higher capacities when risks are identified. This process included, for the selected municipalities, intensive capacity building and the development of new tools for assessing risks and monitoring change in areas such as developmental outcomes, parenting competencies, family mental health problems, domestic violence, and nutrition, health and safety. It also included skills to respond to the individualized needs of the family. The critical component addressed inter-sectoriality, with intensive co-operation with child protection, early intervention and community services throughout the capacity building and implementation processes.

Conclusion: The results of this initiative are translating into new national guidance for visiting nurses and sustained protocols of co-operation between social systems to support most vulnerable families for child development and prevention of neglect and violence.

Assessing the impact of a health visiting service – a case study from Bulgaria

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Introduction: Comprehensive early health visiting services for expectant parents and families with children below 3 years of age were recently established in two regions in Bulgaria to promote the healthy growth and development of young children.

Purpose: To describe this service and present initial results from an evaluation of its implementation.

Description: Trained nurses and midwives make home visits and encourage family care practices conducive to child development, early identification of children at risk of developmental difficulties or maltreatment. Access to the service is universal but increased support is provided to disadvantaged families. The evaluation follows a cohort of 350 infants from birth to 1 year of age and includes a control group. Caregiver knowledge, attitudes and practice, parental wellbeing, child development and quality of home environment in both groups is being periodically assessed and compared at one, six and twelve months. Information is collected through parent interviews, observation and child screening/assessment.

Results: Analysis so far on case and control groups shows few significant differences between the two groups. Analyses will focus on assessing child and family outcomes and on identifying factors influencing the effects of the program, such as family characteristics, competencies of the health visitors, and intensity of the home visits. Assessing family reasons for taking up a health visiting service is also being assessed to provide information useful to designing new programs for parents and children of this age group.

Conclusion: Few programs in Bulgaria offer comprehensive home visiting services to mothers and children at the earliest ages. An evaluation of program implementation and results is important in order to better understand how take-up of services impacts maternal health and child development at this crucial stage. It also provides guidance for designing programs across the region where similarly limited programs exist for mothers and youth.

13:15 – 14:45 Symposium

Young mothers, the cradles they have, the cradles they need: A look at their experience in Arab society in Israel-Palestine, among asylum seekers in Israel, and in Western society in America

Moderator: Hatzor, T.

Parent Infant Psychotherapy Training Program, Columbia University, New York City, United States

Discussant: Keren, M.

Infant Psychiatry Unit, Geha Mental Health Center, Petah Tikva, Israel

Early motherhood among Palestinian students that learn in Israel Colleges: Types and ways of Coping

Masarwi, M.

Department of Education, Al Qasemi Academic College of Education, Baqa al-Gharbiyye, Israel

Aims: The motherhood concept is widely used in early childhood research. However, in the Arab society early motherhood has not been given the proper attention. This presentation will discuss the findings of a study that originated as a result of the remarkable gap existing in the field of early motherhood experience in Arab society in Israel-Palestine.

Methods: The study is based on forty open-ended in depth interviews that helped us understand and formulate the significance of the experience that students describe. The characteristics and impact of early motherhood experience of Arab students studying for an undergraduate degree in education in colleges in Israel is examined. The ways students coped with this experience, including the factors that preceded it or delayed it, such as the changes in the lives of these young mothers-students, the role of the family and society, and support plus coping tools offered to them, is described.

Results: Research findings can be divided into five themes: The experience of childhood, marriage, and the impact of these experiences on the formation of the self and on the students' own reality; the experience of Arab students' pregnancy and childbirth; the subjective understanding the Arab students have of the experience of motherhood and its impact and ramifications on their emotional well being and development; the methods of coping once the students turned mothers, and the impact this has on the various systems in their lives; and lastly the existence and/or absence of support systems for Arab students' personal lives as mothers.

Conclusions: The uniqueness of this study lies in its theoretical contribution to existing knowledge on the subject of motherhood and early motherhood in non-Western societies. It expands the understanding of the relationship between early motherhood and its impact on the lives of young Arab mothers.

The Capacity to Narrate Maternal Subjectivity in the Context of Early Motherhood

Rottenber, B.

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Introduction: Discourse on motherhood has focused on the mother as a vital tool in the baby's growth: in these theories the mother functions as an object. This conceptualization has changed over time, leading to a notion of the mother as someone who must give birth to her own identity. Feminist psychoanalysis contributed to the creation of new "lenses" through which the mother is viewed as an emergent subjective entity and mutually recognized in the context of the primary relationship. The inspiration to this paper lies in a lacuna in psychoanalytic thinking about maternal creativity and narratives. I will present the field of Bibliotherapy as a psychoanalytic channel that focuses on the development of the capacity to narrate by facilitating a maternal subjective playground. Originating in the encounter between psychoanalysis and literature, Bibliotherapy harnesses writing and reading to the therapeutic process, placing the creative aspects of the therapeutic relation at the center of the focus.

Method: A case of a young refugee from Africa seeking asylum in Israel, facing early motherhood in the context of cultural traumas. Eighteen of age, she had a 6-month-old baby whom she brought to our sessions. While trying to deal with her present the young mother slowly began formulating and narrating her past. This was followed by the presence of a book that influenced her deeply: *Anne of Green Gables* by Lucy Maud Montgomery.

Results: Bibliotherapy with mothers creates the developmental environment that enables their subjectivity growth by forming channels through which they can find a way to narrate experiences and convey meaning.

Conclusions: The matrix of maternal subjectivity is crucial for the mutual emotional development of the mother and the baby. The maternal function of the capacity to narrate both herself and her baby is reflecting the mutual playground that has been created between them.

Parent Infant Psychotherapy: Promoting maternal development in young mothers through the provision of a therapeutic holding environment

Hatzor, T.

Center for Psychoanalytic Training and Research - Parent Infant Psychotherapy Training Program, Columbia University, New York City, United States

Introduction: In parent-infant psychotherapy it is essential for clinicians to keep both mothers and babies in mind as part of therapeutic interventions. This balancing act of moving between the mother's need and the baby's need for a holding environment and relief of primitive anxieties requires from the therapist a specific stance of deep empathy for both. It is this support that helps mothers develop Winnicott's primary maternal preoccupation and a newly formed motherhood identity that enables them to integrate and adapt to their babies needs. Primary maternal preoccupation facilitates a state of deep empathy for all sides, as well as the creation of a maternal function and a formation of an internal environment that propels the development of separate experiences that follow with separate selves. Mothers, especially young ones who are still in adolescence and in the throws of a second separation individuation process, need the clinician's awareness and sensitivity to their own developmental needs and perspective.

Method: Vignettes of parents and infants will be presented and discussed drawn from a varied settings where parent-infant psychotherapist in training at Columbia University, New York City, observe and work with young mothers and their babies, often from deprived socio-economic situations and affected by disruptions and traumas of dislocations and cultural clashes.

Results: This sensitive stance of moving between mothers and babies' needs is discussed and understood, especially when working with young mothers, and is the focus of training via psychoanalytic infant observation that facilitates a deeper understanding of all sides.

Conclusions: The importance of the need to be sensitive and support mothers in their own development when intervening along with their babies' need for bonding will be highlighted. The technique that enables clinicians to navigate the different needs and states of mind in order to promote development in both will be highlighted.

14:00 - 14:45 Workshop

"Mind the Gap" – Bridging the gap between sensory and emotional regulation.

Binya Yael, B.

DIR Israel, Director of the Israeli DIR organization at the Society for Children at Risk, Supervisor and therapist, Messilat Zion, Israel

"Regulation" is a commonly used concept in the field of child development used by psychologists, physicians, therapists, teachers, and parents, but there is a gap between the understanding of sensory and emotional regulation. The aim of this workshop is to explore these terms through different developmental processes using video clips of children and their caregivers. We will discuss children's biological individual differences and sensory processing, their interactional patterns, how they influence one another and how to reduce the gap through the lens of the DIR (Developmental, Individual differences, Relationship based model).

During the workshop we will:

- Examine sensory processing and modulation from a developmental perspective through theory and practice.
- Understand both the child's and his caregiver's profile of individual differences and how they effect the interaction and children's developmental growth.
- Explore biologically based capacities and parent-infant interactions: "
- Define "sensory affective" interaction and treatment – from co-regulation to regulation, and social engagement.

13:15 – 14:00 Symposium

“A good decision is based on knowledge and not on numbers” (Plato): parental perspectives related to caring for babies with a complex, congenital condition

Moderator: Jordan, B^{1, 2, 3}

¹ Department of Paediatrics, University of Melbourne, Melbourne, Australia;

² Clinical Sciences, Murdoch Childrens Research Institute, Melbourne, Australia;

³ Department of Social Work, Royal Children's Hospital, Melbourne, Australia

“I still have difficulties feeling like a mother”: the transition to motherhood of preterm infants mothers

Spinelli, M¹, Frigerio, A¹, Montali, L¹, Fasolo, M¹, Spada, MS², Mangili, G³

¹ Department of Psychology, University of Milano-Bicocca, Milano, Italy; ² Clinical Psychology, Azienda Ospedaliera Papa Giovanni XXIII, Bergamo, Italy; ³ Neonatal Pathology, Azienda Ospedaliera Papa Giovanni XXIII, Bergamo, Italy

Introduction: It is well recognised that the pregnancy experience and the birth of a baby is a great turning point in the lives of women who are required to transform their identity, integrating new functions, related to the ability to care for, protect, empathise with and adequately respond to the new-born. The premature birth of a baby is a sudden interruption in this process. The present study aimed to analyse the transition to motherhood for mothers of preterm infants and to frame preterm mothers' experiences within Stern's (1995) theory of the transition to motherhood.

Method: A semi-structured interview was administered to 30 mothers during the recovery of the infant in the Neonatal Intensive Care Unit. The interview explored the experience of mothers related to pregnancy, the infant's birth and recovery.

Results: Thematic Analyses evidenced four interrelated themes: disconnection from the child, perception of maternal inadequacy, loss of parental role and temporal suspension. Across these themes emerges the fundamental role of the medical staff and the hospital environment, which together represent an institutional Other that shapes and deeply influences the maternal experience.

Conclusions: Results were connected to Stern's theory. Findings revealed difficulties for preterm mothers that could affect the development of the maternal constellation and thus their transition to motherhood. These difficulties may influence the construction of maternal identity, mother's representation of their child and the bond with their child.

Findings suggests that hospital practises focused on helping mothers in the transition to motherhood to develop a coherent motherhood constellation - and consequently prevent difficulties in the development of a relationship with the infant - should be improved. Beyond caring for the infant, the medical staff are indirectly caring for the mothers, as they are in the powerful position of legitimating mothers to develop and act on their motherhood identity.

Feeding refusal in infants with a complex medical history: a speech pathologist's reflections

Ong, K^{1, 2}

¹ Department of Speech Pathology, Royal Children's Hospital, Melbourne, Australia; ² Neonatal Services, Royal Women's Hospital, Melbourne, Australia

Introduction: Many infants born prematurely or with complex medical conditions will have poor feeding outcomes; and infants with multiple co-morbidities will have even greater difficulties. The

focus of much of the literature, however, has been on delayed skill attainment, and the role of maturity in ameliorating these difficulties. In contrast, the notion of feeding refusal in these “high risk” infants is less widely understood.

Aims: A mother's experience of feeding her baby, who was born at 29 weeks gestation and with Patent Ductus Arteriosus requiring surgical correction, will be presented. This single case example, with video excerpts, will be used to illustrate recurring themes in feeding refusal.

Description: How does feeding refusal develop? Sick and pre term infants often find feeding challenging. If expectations are unrealistic, the infant may be pushed to the limits of what they can comfortably achieve. Far too often, the focus is on *quantity* (how much is drunk), at the expense of *quality* (the infant's and feeder's experience of the feed). This can result in overriding the infant's communication, and force feeding. Repeated negative experiences can impede the infant's ability to integrate the work of feeding with enjoyment, ultimately leading to refusal.

Conclusions: A different perspective is needed in managing infants with feeding difficulties, in order to minimise the likelihood of them developing feeding refusal. It needs to be understood that feeding occurs in the context of a relationship, and is not something “done” to the infant. The feeding experience should be considered, not just the volume consumed. Taking a longer term view, and seeing feeding as a developmental task, will help the infant towards autonomy and pleasure with feeding.

“And so everyone’s on standby a little bit..... a bit nervous”: stress related to parenting a baby with oesophageal atresia

Ferguson,L^{1, 2}, Hunt,R^{3, 1, 2}, Jordan,B^{1, 2, 4}

¹ Department of Paediatrics, University of Melbourne, Melbourne, Australia; ² Clinical Services, Murdoch Childrens Research Organisation, Melbourne, Australia; ³ Neonatal Services, Royal Children's Hospital, Melbourne, Austria; ⁴ Social Work Department, Royal Children's Hospital, Melbourne, Australia

Introduction: Infants with oesophageal atresia (OA) begin life unable to feed by mouth until surgery is performed. Parents worry about how they will feed their baby. This worry is compounded by stress arising from the environment (the neonatal unit), from the uncertainty of the outcome of surgery, and from worry about how the baby will manage feeding following surgery. Parental stress is one of the factors explored in a larger study of the development of feeding in infants with OA over the first nine months of life.

Aims of the study: This paper aims to disentangle and provide context to stressors that may impact on the behaviour of parents and babies during caregiving interactions such as feeding and specifically, feeding an infant with OA.

Materials and methods: A longitudinal study, using mixed methodology, involved 30 babies with OA and their parents. Participants were recruited soon after birth and followed over a nine month period. The Parental Stressors Scale- Neonatal Intensive Care Unit (PSS-NICU) and the Acute Stress Disorder Scale (ASDS) collected quantitative data and a semi structured interview with parents provided further insight into the experience of feeding a baby with OA.

Results: Descriptive statistics derived from parental responses to questionnaires (PSS-NICU and ASDS) will be presented along with results of a thematic analysis of parental responses to a semi structured interview. Quantitative and qualitative data together provided an integrated and comprehensive view of parental stress

Conclusions: Parental stress arising from a number of sources may impact on the successful feeding, growth and psychosocial development of the baby with OA. Awareness of the wide range of parental stressors operating in the neonatal unit and later at home and in the community, may well contribute to changes to clinical practice during hospitalisation and later in the community.

14:00 – 14:45 Symposium

Early development and attachment in psychosis

Moderator: Harder, S.

Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Wellbeing and resilience: mechanisms of transmission of health and risk in parents with complex mental health problems and their offspring – The WARM study

Harder, S

Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Background: Children of parents diagnosed with complex mental health problems including schizophrenia, bipolar disorder and depression, are at increased risk of developing mental health problems compared to the general population. Little is known regarding the early developmental trajectories of infants who are at ultra high risk and in particular the balance of risk and protective factors expressed in the quality of early caregiver-interaction. The WARM study has been established to evaluate factors in the parents, the infant, the social environment and their interaction over time in terms of evolution of very early indicators of developmental risk and resilience (infant attachment, stress sensitivity and cognitive-motor development).

Methods/Design: We will establish a cohort of pregnant women with a lifetime diagnosis of schizophrenia, bipolar disorder, major depressive disorder and a non-psychiatric control group. Factors in the parents, the infant and the social environment will be evaluated at 1, 4, 16 and 52 weeks in terms of evolution of very early indicators of developmental risk and resilience with a focus on caregiver representation, attachment organization, caregiver-infant interaction, stress sensitivity and cognitive-motor development.

Discussion: The study will provide data on very early risk developmental status and associated psychosocial risk factors, which will be important for developing targeted preventive interventions for infants of parents with severe mental disorder.

A systematic review of mother-infant interaction in Schizophrenia.

Gumley, A

Health and Wellbeing, Glasgow University, Glasgow, United Kingdom

Objectives: The parent–infant relationship is an important context for identifying very early risk and resilience factors and targets for the development of preventative interventions. The aim of this study was to systematically review studies investigating the early caregiver–infant relationship and attachment in offspring of parents with schizophrenia.

Methods: We searched computerized databases for relevant articles investigating the relationship between early caregiver–infant relationship and outcomes for offspring of a caregiver with a diagnosis of schizophrenia. Studies were assessed for risk of bias.

Results: We identified 27 studies derived from 10 cohorts, comprising 208 women diagnosed with schizophrenia, 71 with other psychoses, 203 women with depression, 59 women with mania/bipolar disorder, 40 with personality disorder, 8 with unspecified mental disorders and 119 non-psychiatric controls. There was some evidence to support disturbances in maternal behaviour amongst those with a diagnosis of schizophrenia and there was more limited evidence of disturbances in infant behaviour and mutuality of interaction.

Conclusions: Further research should investigate both sources of resilience and risk in the development of offspring of parents with a diagnosis of schizophrenia and psychosis. The

presentation will consider the implications of these findings for the development of hypotheses for mechanism of risk and resilience.

Risk of psychotic disorder in offspring of parents with psychosis: Meta-analysis and implications for very early intervention

Macbeth, A

School of Health in Social Science, University of Edinburgh, Edinburgh, United Kingdom

Objectives: Estimates for risk of psychotic disorders in offspring are based on data from the mid-20th Century. We sought to generate revised estimates of the strength of association between a parental diagnosis of schizophrenia and a diagnosis of psychotic disorder in the offspring.

Method: We searched Medline, EMBASE and PsycInfo from inception through to June 5th 2015. Search strategy used conjunctions of Psychosis and Parental Risk. Hand-searching and Google Scholar were used to minimize leakage. Peer-reviewed, English-language publications reporting risk estimates for offspring psychosis against general population or controls without psychotic disorder were included. Article eligibility was independently verified. We identified 26 eligible cohorts. Measures of risk (Odds ratios, relative risks or raw counts) for risk of Schizophrenia, Bipolar disorder or Cluster A Personality Disorder in offspring of parents with a psychotic disorder and controls. Random-effects meta-analytic models estimated risk of offspring disorder, with examination of heterogeneity and moderators of association.

Results: We reported data from n=66,914 cases of schizophrenia and n=15,345,736 controls. Parental diagnosis of Schizophrenia was significantly associated with increased risk of offspring Schizophrenia (OR= 6.52; 95% CI = 5.19 – 8.18). Risk to offspring was higher in maternal cases of schizophrenia than in paternal cases. Offspring were also at increased risk compared to controls of a diagnosis of bipolar disorder (OR= 3.08; 95% CI = 2.38 – 3.98) and Cluster A Personality Disorder (OR= 4.47; 95% CI = 2.15 – 9.30). Heterogeneity in the sample was high.

Relevance: These analyses generate contemporary estimates for increased risk of psychotic disorder in the offspring of parents with psychotic disorder, based on the largest sample of parental risk data assembled to date. Results support the case for developing early primary preventative interventions in high-risk families.

Early risk signs in neonates born to mothers with severe mental illness: preliminary data from the WARM-study

Daidsen, K

Department of Child and Adolescent Mental Health Odense, Mental Health Services in the Region of Southern Denmark, 3University of Southern Denmark, Odense, Denmark

Introduction: Offspring of parents with schizophrenia and other severe mental illnesses (SMI) are at increased risk of developing psychiatric disorders. Neonates of mothers with SMI have also been found to exhibit more neurobehavioral deviations than infants of non-psychiatric control women (Blennow 91, Jones et al., 1998, Field, 2004, Hans et al., 2005). These potential early signs of risk development may impact the developing mother-infant relationship, and constitute targets for early preventive intervention.

Aims of the study: In the present study, we wish to investigate amount and type of deviations in neonates born to mothers with SMI. We will target the infants' capacity of attention, self regulation, consolability and stress signs. Our hypothesis is that infants of mothers with SMI will display more risk signs than infants of non-psychiatric control mothers.

Material and methods: During the 2nd or 3rd trimester of pregnancy, mothers diagnosed with schizophrenia, bipolar disorder and major depression, and a non-psychiatric control group, are

included in the WARM-study. Infants are assessed with the Nicu Network Neurobehavioral Scale (NNNS (Tronick, 2004) when they are 1-7 days old.

Results: Preliminary results from the WARM-study will be presented. The study aims at including n=40 in each group.

Conclusions: Data from the study will contribute to our knowledge of early risk signs in infants born to mothers with SMI, and can inform the development of preventive intervention to this high-risk group of infants and their caregivers.

The Development of the Caregiving System among women with severe mental illness: preliminary data from the WARM-study

Roehder, K.

Department of Psychology, University of Copenhagen, Copenhagen, Denmark

Introduction: In the attachment literature “the caregiving system” has been described as the parental behavioral system that has the function of “*providing protection, comfort, and care for a child*”, and it is proposed as a mediating link between the mother’s own attachment status and infant attachment classification (George & Solomon, 2008).

Aims of the study: As little is known on how the caregiving system develops when the mother suffers from severe mental illness (SMI), this presentation will explore the role of maternal psychopathology for the pre- and postnatal development of caregiving representations in the WARM study. The hypothesis is that higher level of psychopathology is associated with higher levels of the caregiving representations: Deactivation, cognitive disconnection and the segregated systems – all dimensions found among mothers with children that show a pattern of insecure or disorganized attachment.

Material and methods: Caregiving Representations are assessed in pregnancy and at 1 and 4 weeks postnatal with the Prenatal Caregiving Experience Questionnaire (PCEQ, Brennan, George, & Solomon, 2013) and at 16 weeks with the Caregiving Experience Questionnaire (CEQ, Brennan, George, & Solomon, 2013). The development of psychopathology is assessed in pregnancy and at 4 and 16 weeks with The Positive and Negative Syndrome Scale (PANSS, Kay et al., 1989), The Montgomery Asberg Depression Rating Scale (MADRS, Montgomery and Asberg, 1979) and The Bech-Rafaelsen Mania Rating Scale (BRMRS, Bech et al, 1979).

Results: Preliminary results from the WARM study will be presented. Associations between severity of psychopathology and development of caregiving representations in the transition to motherhood will be explored.

13:15 - 14:45 Brief Oral Presentations

The Vulnerable Premature Baby and the Family

Facilitator: Latva, R.
Finland

“Universal” parent-child services: where are the parents living with physical disabilities?

Mercerat, C., Saïas, T.

Department of Psychology, Université du Québec à Montréal (UQAM), Montréal, Canada

Introduction: Although early childhood services and parental support are now considered as universal services in most of the western countries, few of these services are adapted for parents with physical disabilities and little is known about the needs of these parents in pre- and post-natal period. The UN Convention on the Rights of Persons with Disabilities (2006) stresses the

necessity to enhance the access to all information and services for people who are physically disabled and who want to become parents.

Aims of the Study: We know that early childhood services access is important for every new parent. Considering the specific limitations associated with physical impairment, one can assume that disabled parents may have more needs, in terms of social and parental support. However, most of the services seem to be poorly suitable for these parents. In order to adapt public health services to parents with physical disabilities and their children in Canada, Switzerland and France, a better understanding of these parents' situation was required. Most of the scientific literature targets the impact of the parents' physical condition on children, but little is known about the parents' access to information and services. This is the objective of our critical study, which constitutes a first step within a broader research program.

Material and Methods: A literature review on healthcare accessibility for parents living with physical disabilities was performed in order to identify the knowledge on physically disabled parents' needs and services adaptation. The preliminary results underline the absence of these parents in this kind of programs.

Results and conclusion: Examination of the literature review and previous results will be available in early 2016 and will be presented during the conference. These results will drive a discussion among the community on the scientific, methodological, professional and political implications of the services adaptation.

Impact of prematurity on early child cognitive development

Paolini, C.I.^{1,2}, Oiberman, A.J.^{1,2}

¹ Perinatal Psychology, Interdisciplinary Center of Research in Psychology, Mathematics and Experimental - National Council of Scientific and Technical Research (CIIPME-CONICET), Ciudad Autónoma de Buenos Aires, Argentina; ² Perinatal Psychology, Faculty of Psychology. University of Buenos Aires., Ciudad Autónoma de Buenos Aires, Argentina

Objectives: The aim of this research is to contribute to the understanding of the consequences of prematurity on cognitive development, in early childhood. Study the prevalence of cognitive developmental difficulties in preterm infants. Identify risk factors. And compare cognitive development of preterm children with those born at term.

Methods: Cross-sectional descriptive study design. Argentine scale of sensory motor intelligence (EAIS) was administered to assess cognitive development. Frequency of cognitive delay, neonatal and sociodemographic risk factors were studied, using multivariate regression models, adjusting for confounders. The risk of cognitive difficulties by degree of prematurity, compared with term infants was calculated.

Results: A total of 232 preterm and 214 term infants, were evaluated. The frequency of cognitive impairments in premature is significantly higher than in term infants. The risk of delay in cognitive development increases with decreasing Gestational age [GA]. Late preterm infants also are at higher risk of cognitive delay than those born at term. Cognitive difficulties tend to increase as the child grows. The motor area was the most committed psychomotor area. The evaluated correlation between both cognitive and psychomotor areas was moderate. Gestational age, birth weight [BW], intrauterine growth retardation [IUGR] and neonatal complications are risk factors for early cognitive development. The paternal education is associated with cognitive development.

Conclusions: prematurity produces impact on cognitive development that can be detected in early childhood. Cognitive difficulties would be more apparent after the first year of life. The difficulties are greater with decreasing GA, BW, IUGR and with neonatal complications, without neglecting the importance of monitoring also late preterm. Motor development condition the cognitive development, however, there may be cognitive difficulties, without motor delays. We

highlight the importance of parental education and job, as mediators of family socioeconomic status and its influence on development in preterm children during first infancy.

Maternal psychological distress, parent-infant interaction and infant social-emotional development following very preterm birth

Pace, C.C.¹, Spittle, A.J.^{1, 2, 3}, Treyvaud, K.^{1, 2, 4}, Davis, P.G.^{2, 4}, Northam, E.A.⁵, Lee, K.J.^{1, 4}, Eeles, E.L.¹, Doyle, L.W.^{1, 2, 4}, Anderson, P.J.^{1, 2, 2}

¹ Victorian Infant Brain Studies, Murdoch Childrens Research Institute, Melbourne, Australia;

² Newborn Research, Royal Womens Hospital, Melbourne, Australia; ³ Department of Physiotherapy, University of Melbourne, Melbourne, Australia; ⁴ Department of Paediatrics, University of Melbourne, Melbourne, Australia; ⁵ Psychology Service, Royal Childrens Hospital, Melbourne, Australia

Introduction: Very preterm (VPT) birth is associated with increased maternal psychological distress, sub-optimal parent-infant interaction, and infant social-emotional difficulties. However, longitudinal research examining maternal psychological distress profiles in infancy and how this influences later maternal sensitivity and child outcomes is limited.

Aims of the study

1. To describe the trajectory of psychological distress (depression and anxiety) in mothers of VPT infants between birth and 12 months corrected age.
2. To investigate how this distress influenced parent-infant interaction and infant social-emotional development at 12 months corrected age.

Material and methods: 113 mothers of 149 infants (84 singletons, 65 multiples) born <30 weeks gestational age were recruited from the neonatal intensive care unit of the Royal Women's Hospital, Melbourne, Australia. Maternal symptoms of depression and anxiety were measured at several key time points using the Centre for Epidemiological Studies Depression Scale and the Hospital Anxiety and Depression Scale. At 12 months corrected age, mothers and infants participated in the Emotional Availability Scales, an observational assessment of parent-infant interaction, and the Infant-Toddler Social and Emotional Assessment was used to assess infant social-emotional development.

Results: Symptoms of depression and anxiety in mothers were initially high (43% and 46% above clinical thresholds respectively at 2 weeks post birth), and reduced in severity over time (both $p < .01$). Early maternal psychological distress predicted later lower maternal sensitivity and poorer child social-emotional development e.g. more depressive symptoms in the newborn period predicted lower child social-emotional competence at 12 months (regression coefficient, $-.65$; 95% CI, $-1, -.3$; $p < .001$).

Conclusions: Mothers of VPT infants are at high risk of psychological distress, both during the early hospitalization period and after discharge home, although symptoms do improve over time. The level and chronicity of distress impacts upon maternal sensitivity and infant social-emotional development, suggesting early intervention may be helpful.

Salience Processing and Psychopathology in Preterm Born Adults

Kroll, J., Brittain, P., Tseng, C.-E. J., Karolis, V., Froudish-Walsh, S., Nosarti, C.
Psychosis Studies, King's College London, London, United Kingdom

Background: Neonatal brain injury, often associated with very preterm birth, may be a risk factor for neurodevelopment and psychiatric outcomes. Due to its site and extent, early brain injury (e.g. periventricular hemorrhage, PVH), may impact the structural and functional integrity of the brain including key areas associated with salience processing and psychopathology. This study seeks

to examine whether very preterm (VPT < 33 week gestation) born adults with PVH would demonstrate salience processing deficits and psychopathology. Nineteen VPT adults with brain injury (VPT-PVH) and 17 VPT adults without injury (no-PVH) (mean age: 30.74) completed the Salience Attribution Test (SAT) and the Comprehensive Assessment of At Risk Mental States (CAARMS). It was anticipated that the VPT-PVH group would demonstrate deficits in salience processing and that this would be associated with psychopathology scores and birth weight. **Results:** The VPT-PVH group demonstrated increased aberrant salience scores compared to the no-PVH group ($t(34) = 2.213$, $p = .017$). Aberrant salience in the VPT-PVH group was associated with rates of emotional disturbance ($R = .544$, $p = .044$), but not in the no-PVH group. Furthermore, aberrant salience processing was negatively correlated with birth weight in the VPT-PVH ($R = -.648$, $p = .007$) but not in the no-PVH group ($R = .174$, $p = .260$). The strength of correlation in the VPT-PVH subgroup differed significantly from the correlation in the no-PVH group (Fisher's $Z = 2.42$, $p = .016$).

Conclusions: In line with current research, this study provides further evidence that neonatal brain injury may be associated with adverse outcomes in later life. Salience processing, thought to underlie psychotic symptoms, may be one mechanism linking preterm birth to psychiatric consequences.

Providing neonatal resuscitation and care at birth beside the mother: a qualitative study

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Introduction: Babies born very preterm often need resuscitation at birth. This is usually done away from the parents at the side of the room or in another room. We developed strategies to provide resuscitation next to the mother, in order to evaluate deferring cutting of the umbilical cord. This study was designed to assess the acceptability of this to parents' and to clinicians.

Aims: To assess parents' and clinicians' experiences of providing immediate neonatal care at birth beside the mother, using a mobile trolley designed to facilitate such care.

Materials and Methods: Qualitative interviews with parents ($n=30$) and clinicians ($n = 20$) recruited from a UK maternity unit who had experienced neonatal care at birth being provided beside the mother. In the parent group, five babies required advanced neonatal resuscitation. Interviews were analysed using inductive thematic analysis.

Results: Themes that arose in both groups were that care beside the mother led to greater *Involvement of the family*. Both groups commented on *Comparison with standard resuscitation equipment* and some *Reservations* were expressed. Reservations were usually about the impact on the others, such as parents being concerned about the impact on clinicians of performing under close scrutiny from parents. Additional themes from parents were that care beside the mother provided *Reassurance* and increased *Staff communication*. Additional themes from clinicians were *Practical challenges*; and the importance of *Staff training and integration of bedside care into clinical routine*.

Conclusion: Overall, parents and clinicians were positive about providing immediate neonatal care beside the mother, particularly in terms of improved experiences for parents and more family-centred care. If care beside the mother is to be integrated into clinical practice, training and support of clinicians is important.

Access to justice for those without voice, words, or language

Johnson, J.L.¹, Kuriyama, C.E.², Magnier, M.³, Kumera, F.²

¹ *Center on Disability Studies, University of Hawaii, Honolulu, United States;* ² *Family Court, Hawaii State Court System, Honolulu, United States;* ³ *Office of the Attorney General, State of Hawaii, Honolulu, United States*

This presentation will discuss how one state has implemented a special court for infants and toddlers in the child welfare system to have access to justice to promote their best possible developmental outcomes. The Zero to Three Court was established in recognition of the critical importance of the first three years in the life of the child. Infants under the age of one represent the largest group of children who are removed from their parents because of parental abuse or neglect. Children under the age of three presented more than a third of confirmed cases of child abuse. All children under the child welfare system come under the jurisdiction of the courts. This special court focuses attention on the fact that developmental needs of infants and toddlers are significantly different from the needs of older children in foster care. This period in the life of the child is critical for the promotion of positive parent-child attachment. Compared with regular dependency court cases, the Zero to Three Court invests greater time on each case, with the court team assessing how well the local delivery system is functioning. When gaps are identified, the court team works to develop supportive approaches and community services.. A major function of this model is providing physical, developmental, and mental health services to abused infants and toddlers. For children under the age of three, when physical and mental development is so rapid, a six-month time interval is too long to ensure adequate attention is given to enhancing the child's brain development and fostering the child's secure attachment to a parent or caregiver. Each Zero to Three case comes before the court once a month. The presentation will describe how the special Zero-to-Three Court has been successful in achieving reunification and permanency for this vulnerable population.

14:00 - 14:45 Workshop

Lessons from the delivery of a fathers parenting programme

McMaster, A.¹, Ibrahim, R.²

¹ *Mellow Dads, Mellow Parenting, Glasgow, United Kingdom;* ² *Evaluation and Research, Mellow Parenting, Glasgow, United Kingdom*

A commonly parlance is that engagement with fathers is difficult and often unsuccessful. "When we talk about parents, we tend to mean Mums, and cut dads out of the picture." (Clapton, 2013). There is a growing body of evidence to show that the positive involvement of fathers has been implicated in the subsequent development of fewer behaviour problems and improved cognitive outcomes (Ramchandani, 2013). Lack of paternal responsiveness is associated with multiple indicators of poor child outcomes, including social and academic impairment (Wilson 2010). Mellow Dads is a 14 week programme delivered 1 day a week. It is a relationship based parenting programme for vulnerable fathers and their children, part of Mellow Parenting's family of parenting programmes. It has been developed to support families with additional health and social care needs, who are experiencing relationship problems with their children. The groups use a variety of interactive techniques including video feedback and draw on the psychological theories of attachment, social learning and cognitive behavioural therapy. In 2013 Mellow Parenting began a 3-year nationwide rollout of Mellow Dads, promoting a model of partnership working and peer mentoring, partnering with 17 bodies including Barnardo's (Scotland), the Scottish Prison Service and Sure Start to deliver 40 groups to 200 families throughout Scotland. Each group delivered was robustly evaluated using a mixed method design. Mellow Parenting continuously collected

qualitative data from participants and facilitators. Quantitative data were collected at 3 intervals: pre group, post group and 6 to 8 weeks follow up. The workshop will share findings and provide an interactive experience where participants will take part in some of the intervention activities. There will also be some group discussion about participants' own expectations, ideas about, and experience of working with fathers.

13:15 – 14:45 Symposium

Marcé Society Symposium. Perinatal mental health, fetal and child development, and what can be done

Moderator: Glangeaud-Freudenthal, N. M.-C.^{1,2}

¹ *Obstetrical, Perinatal and Pediatric Epidemiology Research Team (Epopé), Inserm UMR 1153, PARIS, France;* ² *Centre de Recherche Épidémiologie et Statistique Sorbonne Paris Cité, Paris Descartes University, Paris, France*

Fetal programming and child emotional, behavioural and cognitive outcomes; gene environment interactions

Glover, V.¹, O'Donnell, K.D.², O' Connor, T.G.³

¹ *Institute of Reproductive and Developmental Biology, Imperial College of London, London, United Kingdom;* ² *The Ludmer Centre for Neuroinformatics and Mental Health,, Douglas Mental University Institute, McGill University, Montreal, Canada;* ³ *Department of Psychiatry, University of Rochester Medical Center, Rochester, United States*

Introduction: If a mother is stressed, anxious or depressed during pregnancy her child is more likely to have emotional, behavioural or cognitive problems later, even after allowing for a range of confounders. However most children are not affected, and those that are can be affected in different ways.

Aims of the study: Here we have tested the hypotheses that the effects of prenatal anxiety on child internalizing symptoms are moderated by genetic variation in the child's brain-derived neurotrophic factor (BDNF), and ADHD and cognitive symptoms by catechol-O-methyl transferase (COMT) genes

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC) population cohort (n=8584). Maternal anxiety was assessed by the Crown Crisp questionnaire at 32 weeks. Internalizing symptoms, and ADHD symptoms were assessed from 4 to 13 years of age using the Strengths and Difficulties Questionnaire, and ADHD diagnosis by the Development and Wellbeing Assessment (DAWBA) at 15 years. Working memory was assessed at age 8 by the backward digit span test. Obstetric and psychosocial risk and postnatal maternal symptoms were included as covariates.

Results: There was genetic moderation of the prenatal anxiety effect on internalizing symptoms by the BDNF polymorphisms (rs11030121 and rs7124442) up to age 13 (p=0.018 and p=0.029 respectively). COMT (val158met (rs4680)) genotype moderated the association between maternal prenatal anxiety and child ADHD in both childhood and adolescence (p<0.05), as well as working memory (p<0.01).

Conclusion: These findings suggest a role for both child BDNF and COMT gene polymorphisms in moderating the effects of prenatal anxiety on specific child outcomes.

Antenatal education for childbirth and parenthood and psychosocial vulnerabilities: report from The ELFE study (Etude Longitudinale Française depuis l'Enfance)

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Introduction: Most research does not consider the potential interactions between different recognized risk factors for maternal perinatal emotional disorders.

Methods: The ELFE study (Etude Longitudinale Française depuis l'Enfance) has interviewed 11 643 mothers on their perinatal mental health. The independent factors influencing the occurrence of psychological difficulties during pregnancy and access to antenatal screening and prevention measures (Early prenatal interview-Entretien prénatal précoce [EPP]; Antenatal education for childbirth and parenthood-Préparation à la naissance et à la parentalité [PNP]) were studied through multivariate regression. Structural equation analyses 9 risk factor groups and the intensity of postnatal depressive symptoms assessed by the EPDS, in a multifactor model.

Results: Twelve percent of women reported antenatal psychological difficulties (more frequent in those of low economic status, alcohol / tobacco use, unplanned pregnancy, late declaration of pregnancy, multiparity, obstetric complications). Primiparous mothers, born in France, with high educational level, employed or unemployed, with psychological difficulties more often benefited from EPP and/or PNP. Women who were young, with free health insurance (Couverture Maladie Universelle [CMU]), with unplanned pregnancy, with less antenatal care and obstetrical complications less often benefited from PNP. Young mothers benefiting from the CMU, ambivalent about their pregnancy, with less than 7 prenatal visits and obstetric complications followed PNP less frequently. Finally, prenatal support and the baby's self-regulation capacity had a direct effect on the intensity of depressive symptoms at 2 months postpartum, and maternal socioeconomic status, baby's health problems and maternal understanding of baby's tears had indirect effects on the intensity of depressive symptoms at 2 months postpartum.

Conclusion: The overriding impact of antenatal and infant factors leads to moving towards original research pathways with a need for adaptation of preventive measures of perinatal maternal psychological difficulties in socio-economically vulnerable populations.

Approaching the clinician's dilemma: one program addressing the mental health needs of distressed infants where their parents are experiencing ongoing serious mental illness

Paul, C.

Infant Mental Health, Royal Children's Hospital, MCRI and the University of Melbourne, Parkville, Australia

Introduction: In many countries public adult mental health services are profoundly under-resourced and the focus is often on providing support and community intervention to ensure that adults experiencing the most severe mental health problems and associated disability have as little time in hospital as possible. The clinician's dilemma is how to acknowledge, and advocate for the sometimes precarious existence of the baby while caring for the parents.

Aims: This presentation, drawing on clinical material and vignettes, will describe the development of a program (*pimh*) which is focused on the mental health needs of infants of parents with severe

mental illness. Infants of those parents have a very high rate of mental illness in adolescence and adulthood.

Description: Parents with severe mental illness may experience profound impairment of parental reflective capacity which is necessary to ensure attuned and safe care of their infants. The government of the State of Victoria established a state-wide program with infant and perinatal mental health clinicians to provide support for case managers caring for parents with major mental illness whose infants are in the first year of life. This state-wide program complements the work of the three major public mental health inpatient psychiatric mother-baby units, by working directly with parents, providing secondary consultation and training opportunities for mental health workers.

Conclusions: This limited program, *pimhi*, has provides direct intervention for vulnerable families and their babies, support for the parents' case managers and a state-wide training structure. Current experience indicates the need to work more directly with overstretched case managers, but also with other agencies involved such as family support agencies and importantly child protection. It remains a critical challenge to keep the baby as a central focus of infant and perinatal mental health intervention in this context.

The role of maternal mirroring and gaze on the development of early infant social behaviour: a case-control study of infants with a cleft lip/palate

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Observational Study Team

Winnicott Research Unit, School of Psychology and Clinical Language Sciences, Reading, United Kingdom

Introduction: Maternal mirroring promotes early infant social behavior (Lavelli & Fogel, 2013). At 2-3 months, infants with cleft lip/palate (CLP), compared to typical infants, are less communicative (Murray et al., 2008; Montirosso et al., 2011), and their mothers less sensitive and responsive (Murray et al., 2008). Field & Vega-Lahr (1984) suggested this might arise because mothers find CLP infants' facial expressions hard to interpret. While experimental studies show naïve observers accurately rate facial expressions from photographs of CLP infants (Oster, 2003), their visual attention differs from that to typical faces (Meyer-Marcotty et al., 2010). No data are available on the development of mothers' mirroring responses and gaze patterns during interactions with their CLP infants.

Aims of the Study: The development of social behaviours of CLP and typical infants was compared, investigating the role of maternal mirroring and gaze.

Materials and methods: Twenty healthy infants, and 9 CLP infants were filmed at home from 1-9 weeks, interacting with their mothers, who wore eye-tracking glasses. The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) was administered at 9 weeks.

Maternal fixations to infant eyes and mouth were calculated. Interactions were coded, identifying infant social behaviours, and maternal mirroring responses.

Results: At 2 months, the lower social behavior rate found in CLP infants, compared to controls, was explained by lower rates of maternal mirroring to CLP infants. This effect was mediated by lower fixation duration to the infant's mouth in CLP infants' mothers. EPDS scores were similar between groups.

Conclusions: The lower social communication of CLP infants, compared to controls, is related to lower maternal mirroring. CLP infants' mothers avoid looking at their infants' mouth, which affects their ability to mirror infant early communication. Considering the importance of mirroring for development, research and interventions should address CLP infants' mothers' gaze patterns.

13:15 – 14:45 Symposium

Motherhood and infancy in war: Trauma impacts on pre- and perinatal mental health, and protective, and treatment considerations

Moderator: Punamäki, R.L.

Psychology, University of Tampere, Tampere, Finland

Maternal pre- and postnatal mental health and infant wellbeing in conditions of war and military violence: The Gaza Infant Study

Diab, S.Y., Qouta, S.R., Isosävi, S., Kuittinen, S., Punamäki, R.L.

Psychology and Education, Islamic University of Gaza, Gaza, Palestina

Introduction Maternal pre- and postnatal mental health is crucial for infant health and development. War trauma severely interferes with maternal sense of security, and therefore women and their infants would need special protection.

Aims of the study are to examine, first, the impacts war trauma on mothers' own prenatal mental health and perinatal obstetric problems and new-born health. Second, it analyses how the prenatal maternal and infant mental and physical health predict the infants' later emotional and sensorimotor development in Palestinian war context.

Methods. Palestinian women with their infants from Gaza (N=510) participated during the 2nd trimester pregnancy (T1) and when the infants were 4 months (T2), and 12 months (T3) in an interview study in maternal care and their homes. Maternal trauma was indicated by 25-item war trauma (losses, destruction, atrocities. Mental health was assessed by posttraumatic stress (PTSD; Mollica et al., 1992) and depressive (EDP) symptoms at T1, and at T2 the dissociative symptoms (van Hart et al., 2001) and obstetric and perinatal information in standard form. Assessments of infant development includes socioemotional (IBQ) and sensorimotor attainments at T2 and T3.

Results revealed, first that exposure to severe war trauma was associated with increased maternal PTSD and depression, and through these maternal mental health problems it had a negative impact on infant's socio-emotional development.

Protective factors in transition to motherhood in war conditions: processing of trauma and infant characteristics

Punamäki, R.L., Diab, S.Y., Isosävi, S., Kuittinen, S., Qouta, S.R.

Psychology, University of Tampere, Tampere, Finland

Introduction: War is not healthy for human beings, and especially dangerous for pregnant mothers or their infants. Experiences of life dangers and losses can severely tax mothers' resources to care for children. Yet, trauma models suggests that multiple survivor- and environment-related factors can protect the well-being and health (Brewin, 2014; Ehlers et al., 2004). Learning about these protectors among war-affected mothers and their infants would be pivotal when tailoring effective help for them.

Study aims: Accordingly, the study examines the following questions: (1) Can optimal cognitive appraisals and perceptions of war experiences protect mothers' mental health and their infants' socio-emotional development? and (2) What role can the infant characteristics, such as soothing ability play in protecting the socio-emotional development from war trauma?

Method: Participants are 510 Palestinian women and infants from Gaza. Interviews were at 2nd trimester (T1), when the infants were 4 months (T2) and 12 months (T3). War trauma involved 25 items of loss, destruction, and atrocities, and mental health posttraumatic stress (PTSD) and depressive symptoms at T1 and T3. Posttraumatic cognitions and appraisals were measured by a

questionnaire by Foa et al. (1999). The infants' socioemotional development was measured by Infant Behaviour Questionnaire (IBQ).

Results: revealed correlations between cognitive ways of processing war trauma and maternal mental health, but optimal cognitions could not protect the dyads wellbeing.

Staying tuned despite of trauma: Effects of a multifamily intervention for refugee families.

Mooren, T., Es, C., van Hein, I., Bala, J.

Centrum'45, ARC Psychotrauma Expert Group, Oegstgeest, Netherlands

Introduction: Parental complex trauma impacts parenting. This was demonstrated in refugees (Van Ee et al., 2012) as well as in parents living under marginal social circumstances (Kiser, 2015). Contributing factors interact: (epi-)genetic factors, contextual factors and disadvantageous circumstances. Recent studies reveal evidence for the relationship between parental trauma, parent-child interaction and the development of the child. A method to evaluate the efficacy of family interventions is crucial.

Study aims: This contribution presents an evaluation of Multifamily Therapy (MFT) for multi-problem families offered to severely traumatized refugee families with young children.

Method: Mother-child dyads (0-6 years) were included in the evaluation. A retrospective file search was conducted for a descriptive analysis of patients' characteristics, risk factors, psychopathology, and outcomes of treatment expressed in changes in child diagnosis. Outcomes of the 6 EAS scales were analyzed.

Results: reveal significant improvement in Sensitivity (parent scale) and Responsivity (Child scale).

Conclusion: We conclude that the evaluation of this Infant Mental Health-group therapy in refugee families shows preliminary promising results: feasibility is good in this complex traumatized population and there is improvement in mother child interaction. Directions for future research include effect measurement using (epi-)genetic, neurobiological and attachment parameters.

Mother's exposure to modern weapon toxics in pregnancy: impact on health and development

Manduca, P., Al Barqouni, N., Diab, S.Y., Qouta, S.R., Punamäki, R.L.

Genetics, University of Genoa, Genoa, Italy

Increasing evidence shows that exposure to weaponry and war remnants causes contamination by toxicant and teratogen elements (Skaik S, et al., 2010). Their impacts may be especially harmful in pregnancy, and some research is available on them risking women's perinatal and infant health (Manduca et al., 2013). This study analyses the presence of teratogenic war remnants (toxic metals) in newborns, malformations of progeny, and infant health after major recent military operations and wars on Gaza, Palestine.

Method: The participants are 502 women delivering at maternal wards in four hospitals across the Gaza Strip, and of them 402 during postpartum, all having been pregnant during the War on Gaza in 2014 (June-August). The assessment times were T1 in the maternal care where the head nurses asked women to participate, received their informed consent and background material, as well as their and the newborns' hair samples. At T2 the infants were 6 -7 months and they will be 17-18 months at T3, when fieldworkers visit their homes.

Results: Presents correlations between presence toxic metals in newborn of women delivering after the 2008/9 war on Gaza and malformations of progeny. Also the preliminary data of metal exposure of pregnant women and newborns in utero while the 2014 war on Gaza.

13:15 – 14:00 Video Presentations

Mindful parenting groups: a reflective approach to strengthening parent-infant relationships with at-risk families

Reynolds, D., Pally, R.

Executive Director/Program Developer, Center for Reflective Communities, Los Angeles, United States

Introduction: For infant-parent mental health professionals and organizations working within the context of child welfare, Early Head Start, or serving families living at or below the poverty line, strengthening attachments for at-risk children and their caregivers presents special challenges. Over the past decade, Mindful Parenting Groups (MPG), a relationship-focused parent-infant/toddler group model, has been successfully implemented in multiple community mental health settings across Los Angeles, each with unique aims supporting at-risk families with infants and toddlers.

Aims of the work: These hands-on, development-driven groups strategically target Reflective Functioning (RF) of parents and caregivers, which research has shown to be a mediator of the intergenerational transmission of attachment, and a protective factor against hostile and intrusive behavior in parent-child relationships.

Description of the work: This interactive session will introduce the core components of this experiential, mentalization-based group approach to the prevention of childhood psychopathology and maltreatment, one that emphasizes mindful observation, flexible responsiveness, and reflection as practices that enhance and transform the quality of parent-child relationships.

Conclusions: Through review and interactive discussion of audio/video case material specifically targeting the growth of parental reflective functioning, this approach will be illustrated in action, including strategies for working with parents whose history of trauma challenges parent-child relationship security.

14:00 – 14:45 Video Presentations

Supporting infant mental wellbeing in mother with schizophrenia; An Indonesian family experience

Tjhin, W.

Psychiatry, University of Indonesia - Cipto Mangunkusumo General Hospital, Jakarta, Indonesia

Introduction: Indonesia is a huge country with thousands of islands. There are hundreds of ethnicities with different cultural backgrounds. The diversity of the cultural issues affects family function and also the way of raising an infant, especially when mother has a mental illness.

Aim: This presentation would like to demonstrate a mother with schizophrenia and an infant in the Javanese cultural context by using videotape.

Description of work: This was a case of mother with schizophrenia prior to her marriage. She was living in an extended family. The mother had been diagnosed as paranoid schizophrenia at the age of 19. She was hospitalized once and on 4 mg of Risperidone per day. After a year with 4 mg Risperidone per day, the symptoms of schizophrenia were reduced and the medication taken to a lower dose. When she was 23 years old, she got married and became pregnant. Her medication was stopped due to her pregnancy. She was very stressed according to her pregnancy and the paranoid symptoms gradually recurred. At the 34th week of pregnancy, she was very disorganized with prominent auditory hallucination and delusion, and labor was induced. She gave

birth a healthy infant but didn't have interest in her baby. We involved the grandmother from the mother's side as substitute mother to stimulate the baby. The baby slowly grew and developed better. We also treated the mother by using Risperidone at 4 mg per day and supportive psychotherapy and psycho-education for parenting issues.

Conclusion: Maintaining a stimulating environment is very important for the infant although the mother could not do optimal parenting due to the paranoid schizophrenia

13:15 – 14:45 Symposium

Effective early childhood education: Successful approaches for promoting child development in high-risk-families

Moderator: Lanfranchi, A.

Research and Development, University of Applied Sciences of Special Needs Education HfH, Zurich, Switzerland

Discussant: Jungmann, T.

Sonderpädagogische Frühförderung und Sprachbehindertenpädagogik, University of Rostock, Institut für Sonderpädagogische Entwicklungsförderung und Rehabilitation (ISER), Rostock, Germany

P.I.P.P.I. - Programme of intervention for prevention of institutionalization. A collective solution to respond to child neglect in Italy

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Dipartimento di Filosofia, Sociologia, Pedagogia e Psicologia Applicata - FISPPA, University of Padua, Padua, Italy

The Italian Ministry of Welfare, in association with University of Padua, promoted an intensive-care-programme called P.I.P.P.I. that stands for *Programme of Intervention for Prevention of Institutionalization*. It is inspired by the fictional character Pippi Longstocking, whose life is an amazing resilient metaphor. The first and the second stage of the programme's were carried out two year period each (2011-2012; 2012-2013) in 10 Italian cities. The P.I.P.P.I. aims to prevent out-of-home placement and to respond to problems linked to child neglect. Considered as a complex social problem, P.I.P.P.I. aims to respond to child neglect with a collective action that comprehend: a care plan built with all the people who are important to the child's development; home care intervention; parents group; family helpers; cooperation between schools/families and social services. The study used a pre- and post-test quasi-experimental design incorporating both quantitative and qualitative data (questionnaires and documentation analysis). Data concerned overall 320 children (233 families) between 0-14 years of age for the target group and 78 children (67 families) for the comparison group. Results show a significant improvement for the target group in the satisfaction of child's developmental needs, in parenting skills and in the family's social support network. Because of the the sample is atypical (linked to the practitioners' recruitment of the families), it is therefore impossible to generalize the results. To respond to this limitation, since 2015 it was starting a matched samples of treated and non-treated families. As suggested by the European Commission that in December 2014 submitted the programme to a Peer Review «P.I.P.P.I. demonstrates the importance of a holistic and integrated approach to evaluation, planning and intervention with families». So, in 2014-2015 and 2015-2016 the first and the second steps of scaling up has begun, where 82 new cities and approximately 1000 children are involved.

Results from CAPEDP a French randomized controlled study on early prevention for mothers and infants

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CAPEDP is the first randomized-controlled French study on early prevention intending to reduce the incidence of infant mental health problems and Postnatal maternal depression (PND) considered as a significant risk factor for infant mental health. The CAPEDP-A (Attachment) study is an ancillary study, aiming to test the impact of this intervention program, on attachment dimensions, in a subsample of 120 of those dyads. It was implemented in Paris between 2006 and 2011 in a sample of 440 multi-risk mother-infant dyads. We hypothesized that women in the intervention group were less depressed at 3 and 6 months post-partum. We also expected effects on maternal skills and knowledge about their child. The intervention consisted of intensive multifocal home visits through to the child's second birthday. The control group received care as usual. PND symptomatology was assessed at baseline and three months after birth using the Edinburgh Postnatal Depression Scale (EPDS). Maternal skills, were assessed with mothers' subjective measures (Knowledge of Infant Development Inventory; Parental Cognitions and Conduct Toward the Infant Scale), and a psychologists' objective measure (HOME inventory), at infants' 3 months of age. Maternal Atypical Behavior was assessed with AMBIANCE (Lyons-Ruth, Bronfman, & Parsons, 1999) when infants' were 12 months. At three months postpartum, mean EPDS scores were 9.4 (5.4) for the control group and 8.6 (5.4) for the intervention group ($p = 0.18$). The intervention group had significantly lower EPDS scores than controls in certain subgroups of women: with few depressive symptoms at inclusion ($EPDS < 8$), who were planning to raise the child with the child's father, with a higher educational level. CAPEDP failed to demonstrate an overall impact on PND. However, Post-hoc analysis reveals that the intervention was effective in subgroups of women without some specific risk factors. Effective overall reduction of PND symptomatology may require more tailored interventions.

Early prevention with the home visiting program „PAT“ with a high-risk sample (ZEPPELIN-Study)

Lanfranchi, A.¹, Neuhauser, A.¹, Schaub, S.¹, Burkhardt, S. C. A.¹, Ramseier, E.²

¹ *Research and Development, University of Applied Sciences of Special Needs Education, Zurich, Switzerland;* ² *Research and Development, University of Teacher Education Bern, Bern, Switzerland*

ZEPPELIN (Zurich Equity Prevention Project with Parents Participation and Integration) is an intervention study with two objectives: First, interdisciplinary early detection of children jeopardized in their development for psychosocial reasons: secondly, intensive and case-related early support of these children in order to increase their long-term educational opportunities. Within the framework of a home-based and partially center-based approach, a qualified female specialist for child care of the counseling service for small children visits families from the target group at home, one to four times a month, and invites them to the monthly group meetings in the family center. The specialist applies the US-American program (adapted to Swiss standards) „PAT – Parents as teachers“ for children from 0 to 3, to raise the parents' awareness for the age-specific needs of their children, to prepare them for a close collaboration with the educational institutions and to give optimum support to the children's language development. In 2009-2011 ZEPPELIN has been

implemented successfully as feasibility study. Since 2011 the main study is carried out with 252 families randomized into an intervention (132) and a control group (120) living in the agglomeration of Zurich. To date, baseline data at 3 months and the results of the measurement at 12 months (t_1) and 24 month (t_2) show that psychosocial risk indeed affects maternal attitudes towards infants. Further, children of the intervention group have higher developmental values compared to children from the comparison group (with significant item-differences in the area of the receptive and expressive language). We expect that the mothers in the intervention group will even express less adverse educational attitudes and higher confidence ratings than the control group at the end of the program (36 months, t_3) and that the effects on children's development will be even higher.

Effects of home visitation on maternal competencies, family environment and child development: A randomized controlled trial

Sierau, S.¹, Dähne, V.¹, Brand, T.², Kurtz, V.³, Jungmann, T.⁴

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Based on the U.S. Nurse-Family Partnership (NFP) program, the German home visiting program "Pro Kind" offered support for socially and financially disadvantaged first-time mothers from pregnancy until the children's second birthday. A multi-centered, longitudinal randomized controlled trial (RCT) was conducted to assess its effectiveness on mothers and children. A total of 755 women with multiple risk factors were recruited, 394 received regular home visits (treatment group), while 361 only had access to standard community services (control group). Program influences on family environment (e.g., quality of home, social support), maternal competencies (e.g., maternal self-efficacy, empathy, parenting style), and child development (e.g., cognitive and motor development) were assessed from mothers' program intake in pregnancy to children's second birthday based on self-reports in regular interviews and developmental tests. Additionally, analyses on high-risk and low-risk families were conducted separately. Generalized estimating equations (GEE) models showed small, but significant positive treatment effects on parental self-efficacy, and marginally significant effects on social support, and knowledge on child rearing. Maternal stress, self-efficacy, and feelings of attachment in the TG tend to show a more positive development over time. Subgroup effects were found for high-risk mothers in the TG, who reported more social support over time, and generally had children with higher developmental scores compared to their CG counterparts. Post hoc analyses of implementation variables revealed the quality of the helping relationship as a significant indicator of treatment effects. In states offering liberal and high-quality public health insurance coverage for families, such as Germany, early interventions may not be able to produce large or various effects on mothers and children. Thus, home visitation should be linked with and adapted to existing social and health care services.

15:15 - 16:45 Interface Symposium

Barriers and pathways in a shared space: Treatment of a young child with Autism and his Parents

Moderators: Berg, A., Phil, M.
Division of Child & Adolescent Psychiatry, University of Cape Town, Red Cross War Memorial Children's Hospital, Rondebosch, Cape Town, South Africa

Presenters: Haas, A.¹, Salman, T.², Oppenheim, D.³
¹ Developmental Psychologist, Variety Child Development Unit, Jerusalem, Israel; ²Consultant Child Psychiatrist, Head of the Palestinian Psychiatric Rehabilitation Center, Bethlehem, Palestine; ³ Developmental Psychologist Center for the Study of Child Development, University of Haifa, Haifa, Israel

In this interface we will present a case of a young Palestinian boy on the Autism spectrum and his treatment by an Israeli Developmental Psychologist, and will show how the communication difficulties and barriers of the Autism spectrum can create unexpected connections across language, ethnic, and political barriers. The first concerns regarding the child were raised by his mother, a highly-educated professional woman, when the child was 2.5 years old. Finding no appropriate treatment for the child in the Palestinian Authority she sought treatment on the other side of the border, in Jerusalem (Israel), a short drive but in many ways a long distance away. The work of the therapist, mother, and child will be described with an emphasis on expanding modes of communication between all parties and helping the mother to better understand the challenges facing the child and adapt and adjust their responses and the child's environment more generally accordingly. Long distance work with the father, who could not pass the checkpoint, gradually developed and added to the therapeutic process. The interface team which includes the therapist, an Israeli Developmental Psychologist, a Palestinian Child Psychiatrist, and an Israeli developmental researcher worked together for several months, communicating, discussing the case, and getting to know one another. The team met on both sides of the border. We will bring to the interface the fruits of our effort to create a shared, common space between us across barriers, in our understanding of the case in a way that, perhaps, parallels the shared space created between the child and his parents and between the therapist and the family across developmental barriers and those created by the conflict in the area.

15:15 - 16:45 Invited Symposium

Invited Symposium: New Developments with the Infant Mental Health Diagnostic System, DC 0to5; Clinical Applications

Moderator: Zeanah, C.

Institute of Infant and Early Childhood Mental Health, Tulane University, New Orleans, United States

Constitutional or Environmental? - The story of a 2/5 years old adopted toddler

Amisar, D.

Infant Psychiatry unit, Rambam Medical Center, Haifa

I will present a boy who was about 2.5 years old at the time he was referred. His family of origin was at least neglecting, which was why he was removed by court order to a shelter of children at risk and was about to be adopted by a childless couple. At his referral Dan had global developmental delay, mainly in language, his rapport was somehow undifferentiated, he was extremely hyperactive and had lots of repetitive behaviours. The main D.D. was: Maltreatment, ASD, ADHD, Regulatory Disorder. He was treated more than four years until he reached school. I would want to briefly talk about the depression of his adopting mother as well as the two years of continuing meetings with his biological parents until the termination of the formal adoption process. He's now in his 3rd grade, diagnosed with ADHD and successfully treated by Ritalin. His emotional situation is satisfactory.

Diagnostic question: is the DC:0-5 platform a better foundation than DSM5 for intervention focus for a 4 year old boy carrying own disruptive symptoms in a vulnerable family?

Risholm Mothander, P.¹, Furmark, C.²

¹ *Stockholm University, Department of Psychology*; ² *Karolinska Institute*

Referred for IMH assessment and treatment, Carl, a second child, with an older brother. Difficult infant period; constant crying/hard to comfort/no sleeping. Medication for sleeping difficulties, suffers from asthma, subjected to repeated hospitalizations. Severe anger outbursts. Rarely sustains activities over time. Intellectual functioning/motor development age appropriate. Language delay/psychosocial developmental delay. Father currently treated for depression. Mother unemployed, childhood onset various psychiatric problems. Father-child relationship reported as avoidant, can be playful but also harsh. Mother-child relationship closer but unpredictable. Mother oscillating between scolding/intrusive and giving in. Isolated family, no social support, angry/hostile couple relationship. Disagreements on child rearing. Stable financial situation. Assessment including WMCI-mother, questionnaires for depression, anxiety and parental stress. Filmed child-mother interaction.

Feeding difficulties in a one year old boy after surgical repair of Tetralogy of Fallot and tube feeding since birth

Schlenz-Schuster, F., Scholz, D.

Department of Women's and Children's Health, University of Leipzig, Germany

1 year old male born prematurely small for gestational age by cesarean section for eclampsia with pulmonary stenosis after surgical repair of Tetralogy of Fallot on tube feeding since birth. Referred from pediatric ward in the interval between soft and hard cleft palate repair. Unable to wean from nasogastral tube after two weeks of mechanical ventilation for postsurgical pneumonia.

Mild motor and severe speech delay expressing hunger by sucking. Displays anxious attachment pattern, but playful interest in food with gagging on lumps. Feeding is easier in the hospital while developing oral aversion anticipating spoon feeding at home with increasing frequency of vomiting despite extended feeding times. Family History of maternal feeding difficulties until pre-school age and medically treated paternal depression and anxiety disorder. Difficulties with conception just short of in vitro fertilization. Prenatal diagnosis of multiple anomalies with temporary consideration of abortion. Mother appears depressed by multiple long-term hospitalizations and unable of authentic emotional interaction with her child. After weaning from tube feeding relapse of feeding difficulties especially at home due to frequent airway infections. After diagnosis of Diamond-Blackfan anemia maternal conflict about consideration of giving birth to a second child as possible bone marrow donor. Strong-minded infant is now dominating the mother-child interaction.

15:15 - 16:45 Symposium

In search of missing babies: Innovative applications of Mentalization Based Treatment (MBT) with infants and families at risk - enabling parents to mentalize and hold their infants in mind

Moderator: Byrne, G.
*ReConnect Service and Family Assessment and Safeguarding Service,
Oxford Health NHS Foundation Trust, Headington, United Kingdom*

Discussant: Fearon, P.
*Research Department of Clinical, Educational and Health Psychology, University
College London, London, United Kingdom*

What if they can't reflect?: Threat, trauma, and pre-mentalization in Minding the Baby®

Slade, A., Sadler, L., Close, N., Simpson, T., Webb, D.
Yale Child Study Centre, Yale Child Study Centre, New Haven Connecticut, United States

The ability to envision the baby's thoughts, feelings, developmental needs and desires is believed intrinsic to the establishment of a sensitive, loving, and secure attachment relationship. In traumatized and disrupted families, chronic hyper or hypoarousal derail even the most basic reflection. Minding the Baby is an interdisciplinary, intensive home-visiting program for vulnerable young families where nurse and mental health home visitors work to enhance RF beginning in pregnancy, in hopes of improving maternal and child outcomes over the course of a 27 month intervention. Our analysis of RCT data revealed that rates of secure attachment were significantly *higher* and rates of disorganized attachment were significantly *lower* in MTB® than control infants and the most vulnerable mothers' RF scores improved relative to controls. But these improvements were at the very low end of the scale; that is, mothers moved from disavowal of emotional experience to the level of *pre-mentalization*, namely the capacity to name but not reflect upon subjective experience. Thus, MTB appeared to have a noticeable impact on parenting but not on mentalization, per se. We have begun to think that – particularly in vulnerable populations where non-mentalizing is the norm – it may be more useful to think about how to strengthen *pre-mentalizing* processes, than to enhance RF, per se. This requires diminishing limbic system arousal, such that higher order cognitive and emotional processing can take place (Mayes, 2000). We see the MTB intervention as supporting and stabilizing crucial *pre-mentalizing* capacities, including the establishment of relationships with clinicians that promote physical and emotional safety, quieting of fearful arousal, awareness of the body and bodily experience, and the capacity to tolerate painful thoughts and feelings. We will discuss implications

of our finding for measurement, and particularly the need for an RF measure more sensitive to variations in pre-mentalizing processes.

Reflective Parenting: translating MBT into a practical guide for parents

Redfern, S.¹, Cooper, A.²

¹ Trauma Department, Anna Freud Centre, London, United Kingdom; ² National Implementation Service, Evidence Based Interventions for Children Looked After or on the Edge of Care or Custody, London, United Kingdom

The conceptual framework and empirical findings concerning reflective function/mentalization have been translated via 'Reflective Parenting' - a guidebook for parents - into a practical application of the theoretical model. This resource, for all parents, brings mentalization or reflective function into widespread everyday parenting practices. It builds on recent research findings, which demonstrates how psychoeducation and skills building can increase parents' capacity to mentalize about their children. Key concepts of mentalizing are translated into a language parents can understand, aiming to increase mentalizing capacity. This is done via a series of three key tools for parents; The Parent Map which prompts parents to reflect on their own history of being parented, as well as their current influences and triggers; The Parent APP which takes the key mentalizing principles of being curious (A - attention), being aware of separate mental states (P - perspective taking) and needing to use empathy and validation of the child's feelings and state of mind (P - providing empathy); and the Two Hands model which shows parents how to manage behaviour and to reflect on the meaning behind the behaviour simultaneously. This published manual for parents is the first to bring the mentalizing theory and stance into mainstream parenting to create curiosity in the child, but chiefly to encourage parents to hold the infant and child's mind in mind. The authors of the manual hope to reach a wide audience and make a positive impact on the stance parents have towards their children, building children's emotional resilience and abilities to form positive peer relationships, in line with the well-established positive outcomes from higher reflective functioning/secure attachment. This guide also innovates a model of mentalizing for parents of infants and young children with particular sensitivities and deficits in mentalizing, namely looked after children and children with Asperger's.

Addressing Shame and Violence in an Abusive Father

Motz, A.

Family Assessment and Safeguarding Service, Oxford Health NHS Foundation Trust, Oxford, United Kingdom

Clinical discussion of successful treatment of a violent father, who was able to acknowledge his assault of his infant daughter and eventually rebuild a relationship with her, allowing him to regain regular contact with her. She describes the application of mentalization-based treatment with individuals with antisocial difficulties including violence and emotional dysregulation. The modification of this treatment for this group of individuals includes a psychoeducational component in which their understanding of antisocial personality disorder, and the role of early attachment disruptions is explored. Anna will briefly describe key difficulties in engaging this traditionally hard-to-treat group, and show how it can be effective, through focusing on the background history and offending of this 24-year-old father, and his engagement in treatment. By presenting key aspects of the offence, and the father's history, she demonstrates how failures in reflective parenting can lead to the development of the 'alien self' and contribute significantly to intergenerational transmission of violence. She describes the course of this group and individual treatment and key moment in the therapy itself. Finally she situates this particular clinical vignette in the context of

research into the efficacy of mentalization based treatment for violent and antisocial individuals. She reports on how this model of treatment has shown promising effects on violence reduction, but her focus in the presentation remains on the clinical issues of engagement, treatment and potential reunification of parents who have enacted violence against their children. She explores the complex issues of denial and shame in this treatment, and describes how it can enable parents with longstanding histories of being both perpetrators and victims of violence to acknowledge and modify their own aggression. She discusses the impact of this work on the therapist, and the importance of recognising their dual status as both victims and perpetrators.

Illuminating the 'child-in-mind'. Mentalization-based treatment for parents (MBT-P) in families where severe child abuse has taken place

Byrne, G.

ReConnect Service, Oxford Health NHS Foundation Trust, Oxford, United Kingdom

The Lighthouse[®] MBT-Parenting programme aims to enhance parents' capacity mentalize and in particular to mentalize their children, to enhance attunement in parent-child relationships, to promote secure attachment and reduce Disorganization and to reduce risk of harm and of trans-generational transmission of psychopathology including BPD traits. The programme is underpinned by research in the fields of attachment, child development and neuroscience, by core psychoanalytic concepts offering insight into how minds and relationships work & advances in Mentalization Based Treatment for BPD. The Lighthouse[®] MBT-P programme is being piloted in the UK on two sites, ReConnect Service, Buckinghamshire and FASS Service Oxfordshire. An independent evaluation of the ReConnect Service has been conducted by the UCL/Anna Freud Centre. Parents were referred to the ReConnect Service by a range of professionals including: social workers, GPs, midwives, health visitors, community paediatricians, children's centre staff, and mental health professionals. Essential referral criteria included: the child to be under the age of two, and the parent to have acknowledged difficulties in their relationship with their child or in previous relationship breakdowns. In addition, at least one of the following criteria was essential for referral: current parental mental health problems; parental history of childhood trauma or neglect; history of domestic violence; history of substance abuse; or history of severe parenting breakdown, including permanent removal of previous children. Parents received individual MBT treatment fortnightly, an Mentalization-Based Group Therapy course (20 sessions) and Video Interactive Guidance (VIG). The presentation will draw on the emerging data from the evaluation and will reflect the on-going work of manualizing the Lighthouse[®]MBT-P.

15:15 - 16:45 Workshop

Supporting resilience in young children living in regions impacted by major conflict.

Feder, J.D.

Child and Family Psychiatry, Solana Beach, California, USA

Objective: This workshop will describe programs which develop caregiver-implemented interventions which aim to promote young children's improved self-regulation, resilience and more normal development. The presenter will draw on his experience in working with young children residing in conflict-ridden areas such as Northern Ireland, the Balkans, and the Middle East where children many developmental and emotional challenges.

Method: This workshop will use an interactive culturally appropriate audiovisual presentation to describe the psycho-education intervention for caregivers in international conflict zones. The workshop will promote participant engagement.

Result: The presenter will discuss his experiences providing interventions which help parents and caregivers to build and maintain healthy relationships with their young children despite the challenges of war, violence, lack of resources, and chronic community stress. Parents receive education and support to facilitate early childhood affect regulation, engagement, and other aspects of emotional development. Therapeutic models include the DIR (Developmental Individual Difference Relationship, based model by Greenspan and Wieder), Mutual Regulation Model (Tronick), trauma focused therapies and various parent coaching interventions.

The program aims to:

- develop with parents a shared understanding of the core infant mental health concerns;
- describe relevant psychopathology or conditions which may lead to risk;
- establish a developmentally-based differential diagnosis and an ongoing mutual process of formulation;
- develop with the parents a treatment plan which addresses the parents' explicit and implicit expectations and facilitates supportive parent-child relationships.

Conclusion: Participants will have a greater appreciation of the threats to development faced by young children and caregivers in major conflict areas, and some methods available to promote resilience and adaptation in these families.

15:15 - 16:00 Symposium

Adult relational patterns and early parenting

Moderator: Dollberg, D.

School of Behavioral Studies, Academic College of Tel Aviv Yaffo, Jaffa-Tel Aviv, Israel

Discussants: Tolmacz, R. ¹, Shadach, E. ², Shai, D. ¹, Dollberg, D. ²

¹ Baruch Ivcher School of Psychology, Interdisciplinary Center (IDC), Herzliya, Israel; ² School of Behavioral Studies, Academic College of Tel Aviv Yaffo, Jaffa-Tel Aviv, Israel

Relational entitlement, early recollections of parental care, and attachment style

Shadach, E.¹, Rapaport, S.¹, Dollberg, D. ¹, Tolmacz, R.²

¹ School of Behavioral Studies, Academic College of Tel Aviv-Yaffo, Tel Aviv-Jaffa, Israel;

² Baruch Ivcher School of Psychology, Interdisciplinary Center (IDC), Herzliya, Israel

Introduction: Empirical studies assessing relational entitlement identified two pathological forms of entitlement consisting of an excessive or inflated sense of entitlement, i.e., one's subjective sense of being entitled to have all his/her needs met or restricted sense of entitlement, i.e., one's subjective sense of limited legitimacy to have his/her needs fulfilled (George-Levi et al., 2014; Tolmacz & Mikulincer, 2011). Based on psychoanalytic literature as well as attachment theory, it is speculated that early recollections of poor quality and availability of early parental care is linked with the development of pathological forms of entitlement and that this link is mediated via insecure attachment style.

Aims: To explore the relations between early parental care, attachment style, and relational entitlement in adulthood and to test interlinks between these constructs.

Materials and method: 335 adults (18-74 years old) completed the Sense of Relational Entitlement (SRE), Experience in Close Relationships (ECR), and Parental Bonding Instrument (PBI) questionnaires.

Results: Inflated and total entitlement scores were positively correlated with recollections of parental overprotection while restricted entitlement was negatively correlated with adequate maternal care. ECR anxious attachment style positively mediated the link between SRE pathological entitlement (inflated and restricted) and PBI recollections of parental overprotection. ECR anxious and avoidant attachment styles negatively mediated the link between SRE pathological entitlement (inflated and restricted) and PBI recollections of parental adequate care. **Conclusions:** Results confirmed that pathological patterns of relational entitlement were linked with recollections of early inadequate parental care and these links were mediated by adult insecure attachment styles. These results highlight the importance, albeit retrospectively, of early experiences with attachment figures for later relational patterns.

Concern, attachment style, relational entitlement, spousal relationship and the development of antenatal attachment

Dollberg, D.¹, Tolmacz, R.², Shai, D.², Bechler, O.¹, Heiliger, O.¹

¹ School of Behavioral Studies, Academic College of Tel Aviv-Yaffo, Tel Aviv-Jaffa, Israel;

² Baruch Ivcher School of Psychology, Interdisciplinary Center (IDC), Herzlia, Israel

Introduction: Antenatal attachment has been linked with postpartum parenting behavior and parent-infant attachment relationships (Condon & Corkindale, 1997). As parents get ready to the birth of their firstborn, internal representations of interpersonal relations, and especially the experience of caring for and being cared by others arise, and may shape the attachment to the fetus.

Aims: To assess expecting parents' relational entitlement, healthy and pathological concern, attachment style and satisfaction with spousal relations and to examine links between them and antenatal attachment.

Material and method: 80 primiparous expecting parents (50 mothers and 30 fathers) completed the Experience in Close Relations (ECR), Sense of Relational Entitlement (SRE), Pathological Concern Questionnaire (PCQ), Adult Caregiving Questionnaire (ACQ) and the Dyadic Adjustment Scale (DAS). Antenatal attachment was assessed by the Maternal Antenatal Attachment Scale (MAAS) and Paternal Antenatal Attachment Scale (PAAS).

Results: As expected, positive associations were found between antenatal attachment (MAAS, PAAS), SRE assertive entitlement and ACQ total caregiving score. Negative association was found between ECR avoidance and antenatal attachment. No associations were found between PCQ and antenatal attachment or between DAS and antenatal attachment. However, gender differences were found so that for mothers, but not for fathers, a positive correlation was found between DAS and MAAS. For mothers, ECR anxious attachment style was negatively associated with MAAS whereas for fathers, ECR anxious style correlated positively with PAAS and ECR avoidant style correlated negatively with PAAS.

Conclusions: Attachment style, assertive entitlement and healthy concern for others were linked with expectant parents' antenatal attachment. For mothers, satisfaction with spousal relationship was linked with better attachment to the fetus. For fathers, reports of high anxiety in close relationships were related to better attachment to the fetus. These findings suggest that mothers and fathers may differ in their relational needs during pregnancy.

Spousal satisfaction, relational entitlement, pathological concern and parental competence during the transition to parenthood

Dollberg, D.¹, Shai, D.², Tolmacz, R.², Davidzon, S.¹, Ozz, V.¹

¹ School of Behavioral Studies, Academic College of Tel Aviv-Yaffo, Tel Aviv-Jaffa, Israel;

² Baruch Ivcher School of Psychology, Interdisciplinary Center (IDC), Herzelia, Israel

Introduction: The transition to parenthood and the move from pregnancy to caring for a dependent infant involve major individual and familial reorganization. Research shows that this transition is often accompanied by decrease in spousal satisfaction and increase in stress (Doss et al., 2009). The transition also affects family functioning and parent sense of competence (Knauth, 2000), which, in return is linked to child development (Johnston & Mash, 1989).

Aims: To assess changes in spousal satisfaction, relational entitlement and pathological concern from pregnancy to the postpartum phase and how these variables relate to parental sense of competence.

Materials and method: 52 primiparous parents completed the Dyadic Adjustment Scale (DAS), Pathological Concern Questionnaire (PCQ), and Sense of Relational Entitlement (SRE) during pregnancy and again 3 months postpartum. The Parenting Sense of Competence Scale (PSOC) was completed during the postpartum assessment.

Results: Repeated measures analysis with time and parent's gender showed significant increase on the PCQ and on the SRE restricted and exaggerated relational entitlement scales from pregnancy to the postpartum phase. PCQ and SRE significantly and negatively predicted PSOC. Contrary to prediction, DAS significantly increased from pregnancy to 3 months postpartum.

Conclusions: The transition to parenthood increases preexisting maladaptive relational patterns such as pathological relational entitlement and pathological concern, and these patterns negatively affect parental sense of competence. Contrary to prediction, spousal satisfaction increased from pregnancy to the postpartum phase. This finding highlights the need to further investigate risk and protective factors associated with variations in marital adjustment and changes in marital satisfaction during the early transition to parenthood (Mitnick et al., 2009; Rothman et al., 2008).

15:15 - 16:45 Symposium

Prevention, assessment and treatment of maltreated children and their parents

Moderator: Nicolais G.

Department of Developmental and Social Psychology, Sapienza University, Rome, Italy

Discussant: Boris, N.

Nemours Children's Hospital, Orlando, Florida

Understanding the intergenerational cycle of complex trauma: the impact of parents attachment and early adverse experiences

Maggiore Vergano, C.¹, Speranza, A.M.¹, Nicolais, G.²

¹ Department of Dynamic and Clinical Psychology, Sapienza University, Rome, Italy; ² Department of Developmental and Social Psychology, Sapienza University, Rome, Italy

Introduction: Experience of cumulative childhood maltreatment is not a rare occurrence and has been associated with an array of negative physical and mental health problems across lifespan.

Aim: For a better comprehension of the intergenerational transmission of abuse, the purpose of the study was to explore among parents the quality of attachment representations, history of

traumatic experiences, multi-type maltreatment perpetrated towards their children, and their association.

Material and methods: Seventy abusive parents assigned to a Centre for the management and intake of child abuse and neglect conditions were compared with seventy-seven non-clinical parents. The Adult Attachment Interview (AAI) was administered to both samples for the assessment of current state of mind. The Complex Trauma Questionnaire (ComplexTQ) was completed by a clinician for measuring early relational trauma. To assess different forms of trauma and their co-occurrence to the Adverse Childhood Experiences (ACE) scoring system was used.

Results: Data revealed significant differences regarding the distribution of attachment patterns between parents of maltreated children (59% disorganised) and the control sample (5% disorganised). Further, the two samples differentiated with respect to the exposure to interpersonal trauma in infancy. Moreover, occurrence and intensity of trauma were significantly higher among disorganised parents when compared to the organised group. Finally, within the at-risk sample, parent attachment disorganization was significantly correlated to polyvictimization of the child. Contrary to our expectations, no association was found between parent experiences of complex trauma and polyvictimization of the child.

Conclusions: Our findings highlight the relevance of parent attachment and history of abuse – along with their assessment – for the quality of caregiving. Further studies are suggested to make appropriate service recommendations and early interventions with the intent to interrupt the ‘cycle of complex trauma’.

Preventing maltreatment in substance dependent parents of children under 2.5 years

Barlow, J., Sembi, S., Rayns, G., Cotmore, R., Dawe, S.

Warwick Medical School, University of Warwick, Coventry, United Kingdom

Background: Many babies in the UK are born to drug-dependent parents, and dependence on psychoactive drugs during the postnatal period is associated with high rates of child maltreatment, with around a quarter of these children being subject to a child protection plan. Parents who are dependent on psychoactive drugs are at risk of a wide range of parenting problems, and studies have found reduced sensitivity and responsiveness to both the infant’s physical and emotional needs. The poor outcomes that are associated with such drug dependency appear to be linked to the multiple difficulties experienced by such parents.

Methods: A multicentre randomised controlled trial using a mixed-methods approach to data collection and analysis. The study is being conducted in six family centres across the UK, and targets primary caregivers of children less than 2.5 years of age who are substance dependent. Consenting participants are randomly allocated to either the 20-week PuP programme or to standard care. The primary outcome is child abuse potential, and secondary outcomes include parent-infant/toddler interaction, substance use, parental mental health and emotional regulation, parenting stress, and infant/toddler socio-emotional adjustment.

Results: We will present the preliminary findings of the study in terms of the key maltreatment data, and demonstrate outcomes using videoclips that have been coded using the CARE-Index.

Discussion: This paper will examine the PUP model of working in contrast with other models that have recently been evaluated with this group of parents, and its effectiveness in reducing maltreatment.

Necessary but not sufficient: working with parents of abused infants and toddlers on basic parenting knowledge and information

Wajda-Johnston, V.

Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine, New Orleans, United States

Introduction: Parents who have neglected or abused their children often demonstrate a striking lack of information regarding basic parenting skills and child development. These parents may have received misinformation and/or experienced abusive parenting practices. When faced with having to make significant changes in their behavior cognitions, parents may not be cognitively or emotionally primed to enter therapy meant to assist them at becoming safe and effective parents. The use of parenting interventions which focus on basic skills and information may prime parents for dyadic and individual therapy.

Aims/purpose: This presents the use of parenting skills interventions as a means for preparing parents to do intense work individually and with their children. Specific parenting programs will be discussed in terms of their mechanism for assisting parents in accepting responsibility for their actions and increasing their likelihood of adopting new behaviors and cognitions.

Description of work/project: Families are referred to the Tulane Parenting Education Center Family Resource Center exclusively by the Department of Children and Family Services due to abuse or neglect. Families are often in need of basic parenting skills and assigned to “parenting education” such as Triple P or Domestic Violence Group, as well as therapies such as Child-Parent Psychotherapy or Circle of Security. This talk will present mechanisms by which parents’ experience of the education groups assist parents in being more invested in and interested in the therapy work.

Conclusions: Parents who are referred for parenting education and treatment often have significant deficits in their knowledge of child development and behavior, as well as ineffective and harmful parenting practices. Through education on basic knowledge, parents may be more accepting of and invested in parent-child therapies

MOSES® therapy model – evaluation of an attachment-based in-patient treatment for severely early traumatised children: preliminary results on changes in brain functioning

Brisch, K.H., Ebeling, L., Budke, A., Hilmer, C., Bongardt, S., Hempel, A., Landers, S., Quehenberger, J.

Department of Pediatric Psychosomatic Medicine and Psychotherapy, Dr. von Hauner Children’s Hospital University of Munich, Munich, Germany

Introduction: An in-patient, attachment-based intensive-care treatment for severely early traumatised children – MOSES® therapy model – offers intensive multidimensional care including e.g. individual and group psychodynamic psychotherapy, art and music therapy, milieu therapy, intensive work with caregivers and B.A.S.E.® Babywatching, with the aim to create a positive and sensitive environment where children have the possibility to gather new and secure attachment experiences.

Aims of the study: Aims of the evaluation of the treatment model at the Dr. von Hauner Children’s Hospital in Munich are to investigate its impact on the children’s attachment representations, cognitive and social competencies, psychopathological symptoms such as dissociation, anxiety and PTSD, oxytocin and cortisol response to attachment stimuli and aspects of brain functioning, connectivity and neural structure.

Material and methods: A longitudinal, matched-pair design (intended sample size: intervention-group N=20, waiting-control-group N=10, healthy-control-group N= 20) is applied. Inclusion criteria

are age between 6 and 13 years, severe early traumatisa-tion by caregivers, chronic symptoms of posttraumatic stress disorder and the presence of an attachment disorder. The children are examined at minimum 2 months prior to treatment (waiting-control-group), at admission to treatment, at the discharge of treatment and at a six months follow-up. Healthy matched-pairs are tested twice to control for normative cerebral maturation during time of intervention. Children's structural and functional MRI is used to display possible treatment effects in the anatomy of the hippocampus, the micro-myelinisation and functional connectivity of the children at all points of measurement. During acquisition of (f)MRI neutral, positive and negative stimuli, taken from the IAPS are presented to map the status and change in emotional processing.

Results: First results on matched-pair cases regarding brain development and emotional processing are presented.

Conclusions: Results are discussed regarding the differences in children's brain development and emotional processing and possible effects of the treatment model applied.

15:15 - 16:00 Symposium

Infant Mental Health in China: Cases from Research and Practice

Moderator: Zhang, Y.N.

Institute of Psychiatry, Psychology & Neurosciences, King's College London, London, United Kingdom

Discussants: Wang, Z.Y.¹, Guan, H.Y.², Zhang, Y.T.³

¹ *Psychology, Capital Normal University, Beijing, China;* ² *Capital institute of pediatrics, Capital institute of pediatrics, Beijing, China;* ³ *Pediatric Translational Medicine Institute, Shanghai Children's Medical Center, Shanghai, China*

Maternal parenting quality at infant's 9 months of age predict latterly executive function at 2 and 3 years of age

Cheng, N., Wang, Z., Shan, L., Xing, X., Liang, X.

Psychology, Capital Normal University, Beijing, China

Although there are studies indicating that early parental parenting between 1 and 2 years of age has effects on child executive function performance at 3 years (Bernier et al. 2012), less is known about the influence of parenting during the first year of infant's life. Moreover, whether certain aspects of parenting have different effects on child's development is also not well studied. The presented study was set to test whether three aspects of maternal parenting (including maternal sensitivity, mind-mindedness and autonomy support behavior) during the first year of infant's life have long-term effect on executive function at 24 and 38 months of age; if they do, to what extent respectively? Data were collected from 85 families and their children (36 boys) in urban of Beijing. Maternal parenting index (maternal sensitivity, mind-mindedness, autonomy support behavior) were coded from 15-minutes observations of free-interaction between mother and infants at 9 months postpartum. Executive function was measured via working memory, inhibition control ability and delaying skills at 24 months and at 38 months postnatally. Socio-economic status and Bayley mental development index (MDI) were also collected as covariates at 6 months postpartum. The results suggest that maternal parenting quality in the first year can predict development of EF at 2 and 3 years of age, but mind-mindedness, concerning the development of language skill, has more effects on EF at 2 years of life, while autonomy support behavior, which can promote problem-solving skills, have more effects on EF at 3 years of life. A domain-specific approach is also applied to explain the effect from maternal parenting quality on EF development.

The status of early mental health of "left-behind children": a cross-sectional survey in rural China.

Guan, H., Tao, X., Fan, Z.

Capital institute of pediatrics, Capital institute of pediatrics, Beijing, China

Objective: Approximately 58 million children living in rural areas in China are left behind after their parents migrated to cities to find work. The impacts of parental migration on the early mental health of left-behind children (LBC) are uncertain. We conducted a preliminary cross-sectional survey to investigate the prevalence of these left-behind children, their status of early mental health and associated risk factors.

Methods: A total of 390 children below 3 years old were enrolled from two counties in Anhui province, China. Their caregivers completed questionnaires on demographics, the Family Support Scale (FSS), the Parenting Self-efficacy Scale (PSS) and the Early Childhood Mental Health Scale (ECMHS).

Results: The estimated prevalence of left-behind children in the area was 76.9% (300/390), comprising 31.2% (122/390) and 45.6% (178/390) children as a result of migration of either parent or both parents, respectively. The duration of breastfeeding for LBC was significant lower than those staying with mothers (8.74 vs. 10.14; $p < 0.01$). LBC had fewer reading books than non-left-behind children (NLBC) ($p < 0.05$). LBC also showed fewer times of physical check and higher case rate of diarrhea in the last two weeks than NLBC. LBC who were fostered by caregivers with lower levels of parenting efficacy, and came from poorer families with less social support, experienced more mental health problems than other children.

Conclusions: The study confirmed some negative outcomes for children who were left-behind in their early childhood. As the huge population proportion of LBC in rural China, more research on intervention strategies to improve the early mental health of LBC is urgently needed.

Yu'er zhouzhou kan (Translation: baby care weekly check): An internet and mobile phone based early child development support program in Shanghai

Zhang, Y.

Pediatric Translational Medicine Institute, Shanghai Children's Medical Center, Shanghai, China

In recent years, China is paying more and more attention to ECD programmes and there has been a dramatic decrease in child mortality and improved nutrition for children. But there have been fewer intervention programs aiming to promote cognition or social emotional development in the early years. As one of the most developed cities in China, Shanghai's demand for early development support has resulted in private early learning centers and internet bloggers spreading all over the city. However, the uneven quality of these centers and blogs have been baffling parents and even misguiding them in raising children. Under such circumstances, the Shanghai education committee launched a program that aims to provide scientific evidence to young parents of children aged 0 to 3 years of age. Experts from the education field, developmental-behavioral pediatrics and physiologists were grouped to formulate a set of parenting materials specifically for each age period from 0-3 years old. The Weekly Text Message Program was based on these materials. The content of this message includes information such as average developmental status, feeding guidance, and parent-child games to promote motor and language development. In 2013, the proportion of children enrolled in this program is 2.7% for 0-12 months, 45% for 12-24 months and 51% for 24-36 months of the targeted areas. 2 years later in 2015, the total number of parents subscribed for Weekly Text Message is 311,453, and among all 17 districts, 7 districts have reached 100% coverage of the whole population. In this

presentation, we aim to present some preliminary findings from this project, and briefly introduce our future plans, to invite discussions from the audience.

16:00 – 16:45 Symposium

Evaluating an infant mental health intervention for maltreated children: complexities of conducting a randomised controlled trial

Moderator: Minnis, H
*Institute of Mental Health and Well-being/ Medical, Veterinary and Life Sciences,
University of Glasgow, Glasgow, United Kingdom*

Glasgow infant and family team, NSPCC

Donaldson, J., Ashmead, J.
Glasgow Infant and Family Team, NSPCC, Glasgow, United Kingdom

The adverse mental health outcomes of children and young people in care are well documented (1). Children are most vulnerable to the effect of maltreatment – and most responsive to treatment - in their first few years (2,3). The Glasgow Infant and Family Team (GIFT) is a multidisciplinary infant mental health team offering intensive relationship based assessment and treatment to maltreated infants in foster care. At the end of treatment we provide a definitive recommendation about whether rehabilitation to birth parents is possible or whether adoption is appropriate. The service is based on a model developed by Charley Zeanah, Julie Larrieu and colleagues in at Tulane University (3), New Orleans.

We will:

- Consider the cross cultural translation of the model from New Orleans to Glasgow
- Reflect on necessary adaptations with particular reference to differences in the legal and foster care systems and in the clinical work relating to the families attending the service
- Utilise clinical data from the first phase of the development to consider the aims and possible indicators of clinical effectiveness.
- Draw conclusions about the translation and the possible impact of the model in Glasgow and suggest implications for the development of services elsewhere in Britain.

Incorporating health economics considerations in an exploratory RCT for maltreated children: complexities, challenges and interim outcomes

Boyd, K., Trevor, M.
Health Economics & Health Technology Assessment, University of Glasgow, Glasgow, United Kingdom

Current services for children in UK foster care do not meet infant mental health needs. Early interventions for maltreated children are likely to reap lifelong benefits for the child, their family, and society as a whole; yet due to limited health and social care budgets, new programmes must be evaluated to ensure they offer value-for-money. The BeST² Study recruited 100 children aged 0-5 entering foster care who were randomised to quality-ensured foster care services as usual (FACS) or a new mental health service (GIFT). We will present the challenges and complexities in defining the structure of the two services, and extraction of resource use data from the GIFT and FACS services' systems. Interim results from the cost analysis were largely consistent with expectations: GIFT was more resource intensive than FACS with a cost burden shift from social services to health. GIFT could offer good value-for-money if it improves child mental health or reduces repeated episodes in care. This analysis has provided important guidance on the design

and conduct of the definitive BeST² RCT, which will allow for a full economic analysis and lifetime extrapolation to establish the effectiveness and cost-effectiveness of GIFT vs FACS throughout the UK.

Predicting behaviour traits in a pre-school population of maltreated children in Glasgow

Minnis, H, Nelson, R

Mental Health and Well-Being, University of Glasgow, Glasgow, United Kingdom

Children in foster care often face adversity that children in the developing population do not. This is evident through higher prevalence rates of emotional and behavioral traits (Bucharest Early Intervention Project, Zeanah et al 2009). We looked at a sample of over 100 children in foster care in Glasgow between 0-60 months. This is one of the few studies with the ability to identify these behaviors at a very young age. All children in the sample were placed in foster care as a result of maltreatment and were followed up one year later. We used a multi-informant process (including the SDQ, DAWBA, DAI, ITSEA, WPPSI and PEDS-QL) and found that this sample of children scores significantly higher than the general population for a wide range of problems, for example, aggression, hyperactivity, cognition and abnormal emotion regulation and has a higher prevalence of psychiatric diagnosis for related disorders. We will also discuss changes in psychiatric symptomatology over the first year in foster care. We want to highlight the need for intervention as early as possible for children who demonstrate or at risk of these behaviors.

Do I know what I'm signing up to? Consenting very vulnerable families to the BeST² trial

Turner-Halliday, F.¹, Bradley, R.²

¹ *Mental Health and Well-Being, University of Glasgow, Glasgow, United Kingdom;* ² *Families For Children, Social Work Services, Glasgow City Council, Glasgow, United Kingdom*

Ethical guidelines highlight the importance of obtaining informed consent from research participants. Parameters can, however, become 'muddy' when the target group are facing stress and uncertainty, and have multiple psychosocial problems. The BeST² trial, which recruits children aged 0-5 in Glasgow who are in foster care due to suspected maltreatment, is an exploratory trial where obtaining informed consent from their parents is complex and challenging. The qualitative process evaluation in the BeST² trial has explored parents' perceptions of the recruitment process. Semi-structured interviews with seven participants (some with partners who gave additional views) have provided extremely useful insight into motivations for consent in this particular group, including the influence of over-riding personal agendas and competing sources of external advice. This data has informed and changed the trial's consent process so that randomisation takes place before informed consent in order to maximise parents' understanding of participation and to ensure that their children are not delayed in accessing the assessment services that are being compared in the trial. We hope to spark wider dialogue about the best ways of obtaining informed consent from such vulnerable populations.

15:15 – 16:45 Symposium

The Newborn Behavioural Observations (NBO): Focussing on community-based promotion of the parent infant relationship

Moderator: Nugent, K.
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NBO with premature infants and their parents in a home-based hospital setting; strengths, challenges and potential for further development

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Background: The Norwegian National Network for Infant Mental Health is in charge of training and implementing the Newborn Behavioral Observations System in Norway, and has certified about 400 health providers from the primary and specialist health care system since the site was established in 2012. There is an ongoing work to further develop the NBO training and supervision model and to find good implementation strategies adapted to Norwegian conditions. Some members of a team of neonate nurses working in an advanced home-based hospital model of care have completed NBO training and they provide frequent home visits to families with premature and sick infants (from 34-35 gestational weeks).

Aim: To investigate how the NBO may have affected the nurses' approach to the infant and to the entire family.

Method: SWOT interviews and analysis will be used to look at the Strength, Weaknesses, Opportunities and Threats (SWOT) of the NBO approach compared to a more traditional medical approach when the neonate nurses do their home visits.

Results: Results based on the SWOT-analysis will be presented and discussed in light of further improvements and adaptations of the NBO to vulnerable infants and families.

“The NBO at Ububele – Uyazi! My baby knows me!”

Frost, K
Umdlezane Parent-Infant Programme, The Ububele Educational & Psychotherapy Trust, Alexandra, South Africa

Introduction: Ububele Educational and Psychotherapy Trust is a Non-Profit Organisation in Johannesburg, South Africa with a focus on Infant Parent Mental Health and the first 1000 days. Our work is focussed in Alexandra Township, an impoverished settlement in Johannesburg, where multiple risk factors coalesce with consequent social sequelae including attachment difficulties (Bain, et al.2013). After the 14th Waimh congress in Edinburgh, and after being introduced to the NBO, a proposal was written for the incorporation of the NBO into existing Ububele Infant Mental Health services. The application was successful and fourteen practitioners from Ububele were trained in the use of the NBO (7 Home Visitors and 7 Psychologists) in May 2015.

Project escription: This presentation will describe the process of incorporating this new tool into our 'basket' of infant mental health services (Baby Mat; Home Visiting; Parent-Baby groups and Parent-Infant Psychotherapy). At present the NBO is offered as a stand-alone, once off intervention at 4 Primary Health Care clinics and as an adjunct to our existing Ububele Mother-Baby Home Visiting Programme. The presentation will provide a brief overview of the impact of the NBO on our community. A brief excerpt from a case will be presented that will illustrate the work in action. This is encapsulated in the comment by the new mother - 'uyazi!' (He knows me!).

Conclusion: The presentation will end with some reflection on what lessons have been learned and some thoughts regarding future plans.

NBO as a universal intervention in a Danish community-based population of parents and their newborn babies offered by Health Visitors. A pilot project

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Introduction: NBO is a relationship focused intervention, and the aim is to enhance the parent's sensitivity to their child's unique individuality. The NBO facilitates the voice of the infant to its caregivers. In Thisted, Denmark, Health Visitors (HVs) wanted to qualify and to strengthen relationship-based work in newborn families by integrating NBO as a universal intervention at all three-week postnatal home-visits.

Aims of the project: The focus on NBO responded to research in early parenthood stating that many first time-parents express difficulties in calming their baby, settling her or capturing her attention. Research in brain development shows the reciprocity between the infant's genetic make-up and the immediate environment is of great significance to healthy child development. Thus the NBO was found to be a model suited to enhance health visiting home-based practice in the newborn period.

Description of the project: In Denmark, local Health Visitors provide early parenting support to around 95-99% of all Danish families. NBO training was offered as a pilot project in Denmark to the community Health Visitors in Thisted in collaboration with the Brazelton Institute, Boston and the Brazelton Centre, UK. Questionnaires delivered to the parents after the NBO show improved understanding of their infant's behavior and of the importance of their own contribution to the infant's development. The HVs stated on another questionnaire that the NBO has taught them much more about the infant's behavior and that the NBO has great potential to improve the quality of their work with infants and their families.

Conclusions: The NBO-project was implemented as a universal intervention with Danish parents at the HVs' three week postnatal visit in a Danish community. The NBO has shown value in improving the parents' understanding of their infant's behavior, strengths and sensitivities.

NBO: 'Playing a small part at the start' for Koori families and their workers.

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¹ NBO Australia at The Women's, Centre for Women's Mental Health, Women's Hospital, Melbourne, Australia; ² Early Years Services, Mallee District Aboriginal Services, Mildura, Australia

Introduction: Koori parents, their newborn babies and their community workers need access to infant-parent relationship support that is evidence-based, culturally sensitive and tailored to their needs. There is a lack of evidence-based interventions that can be provided in the first three months and that have been shown to be effective in promoting the infant-parent relationship in this group. The NBO is a relatively new intervention that has been used cross-culturally and that may hold promise, particularly as part of more intense attachment-based support in this group.

Aims of the project: This project, a collaboration between Mallee District Aboriginal Health Service (MDAS) and NBO Australia at The Womens (based in The Centre for Women's Mental Health at The Women's Hospital Melbourne) aimed to provide training and then prolonged post-training support to, and liaison with, Aboriginal workers during 2015-2016 and to examine whether the NBO is an acceptable support to families and a valued part of workers' toolkit. The intent was to see whether preliminary evidence suggested that a future randomised trial might be warranted.

Description of the project: This training, mentoring and support project will see the NBO used for the first time with Koori families and potentially embedded in an Early Years program of wraparound services across five regional Aboriginal organizations. The Early Years program adopts an attachment approach from conception and aims to increase staff capacity to deliver infant mental health support but also specialized services in trauma, mental health, and domestic violence. This early report of the project will examine acceptability and perceptions of the NBO with Aboriginal families and their support workers to date. Case examples will be included in the presentation.

Conclusions: Preliminary evidence about the NBO as a culturally appropriate intervention with Koori families participating in an Early Years community program will be discussed.

17:15 - 18:45 Symposium

Symposium AEPEA: Association Européenne de Psychiatrie de l'Enfant et de l'Adolescent

Moderator: Golse, B.

Department of Child Psychiatry at Necker-Enfants Malades Hospital, Assistance Publique des Hôpitaux de Paris and Paris Descartes University, Paris, France

Training of the GECFAPPE

Durieux M.P.

Psychoanalytical family clinic study group on infancy, GECFAPPE, Bruxelles, Belgium

GECFAPPE was created in 1991 with the support of Professor Nicole Dopchie; it is composed of child psychiatrists and psychologists working in the field of infancy. From the outset, the trainers endeavoured to answer to the needs expressed by pediatricians to become sensitized to the psychological dimension of their work: to understand psychosomatic pathologies and to better manage the relationship between the infant and his parents. Requests for more specific psychotherapeutic training have progressively been addressed to GECFAPPE. A new training course has been developed centred on psychotherapy of the early parent-infant relationship. Two types of training are presently organised :

- A year's awareness course on the parent-infant relationship and psychosomatic problems, for infancy professionals (pediatricians, nursery nurses, physiotherapists, heads of nursery...)
- A two-year course on parent-infant relationship psychotherapeutic training.

The modules of these courses will be detailed in this presentation along with the theories on which they are based. Group work and dynamics are primordial. If the theoretical seminars form the basis of the training, the role-play and psychodrama sessions and those of infant observation are central and aim to sensitize the trainees to transference and counter-transference in the clinical relationship ; this will show the trainees how this allows a deeper understanding of the different clinical situations presented. Psychotherapeutic techniques are approached in small supervised groups.

Perinatal interface training of the WAIMH-France

Missonnier S.

Department of Child Psychiatry at Necker-Enfants malades Hospital, APHP and Paris Descartes University, Paris, France

The initiative of the IFP was driven in 2008 by Sylvain Missonnier and Pierre Delion, co-chairs of the WAIMH France. IFP's activity took place from 2007-2012. The main idea that has prevailed is : inaugurate a permanent space for interdisciplinary reflection.

The objective of the IFP : encourage the emergence of a unifying space that enhances the experience of each and stimulates clinical cross-questioning and epistemological, educational, ethical and political inquiry. The IFP group was made up of various professions all clinicians involved in training in a variety of settings: academic, private, public and voluntary.

Throughout the exchanges, several key ideas have emerged :

- Interdisciplinarity in the heart of perinatal clinic, can only be a constitutive and given a major concern of all medical, psychological and social formations;
- Epistemological repository of training offered is a nodal point.
- Diversity training organizations (academic, private, voluntary) is a college riches of our group ;
- Influence on the processes of formation of educational choices, technical is too often silent;
- The vocation for clinical caregivers origins, choosing a specialty are sensitive factors in training (creative polarity and polarity traumatophile);
- The resonance of ethical questions of perinatal clinic training (bio-ethics and prenatal diagnosis; informed consent and patient relationship / patient ...) deserves a deepening; ethics trainers / trained perinatal remains to formulate;
- The important role of politics in the supply, financing and formalization of training.

Training and transcultural Psychiatry

Moro M.R.

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Purpose: How to develop transcultural competences, i.e to build a therapeutic alliance with families and babies who come from all over the world, with different languages and representations of maternity, parentality, needs of the babies...?

Methods: We have built multidisciplinary intervention strategies, taking into account the cultural and social context and the specificity of the observed pathologies in these transcultural situations and we have developed different teaching methods to transmit this transcultural approach.

Results: First, several strategies have been tested to enhance the individual and institutional openness for a process of *decentring*: the work in culturally diverse multi-professional team, the reflection on diversity. Then we teach to pay specific attention to individual, cultural and institutional counter-transference: How to react? How we see differences, alterity and diversity?

Conclusions: To increase cultural competences, we teach the notion of *decentring* and the way to recognize and elaborate the cultural counter-transference. So we teach mainly process and no contents in order to avoid misdiagnosis and to build a dialogue about the parents and babies subjectivity and the conceptions the parents have about the problems they face with the baby.

A network of infant mental health (0 à 3 years)

Tyano S.

Department of infant Psychiatry, University School of Médecine, Tel Aviv, Israel

Introduction: The notion of infant mental health was unknown to most clinicians in Israel until 1996 and the focus on infants was only through the lens of psychomotor development and pediatric prevention. We first had to convince health policy makers and NGOs that very early psychopathology exists and must be diagnosed and treated according to the medical model.

Aim of the project: To create a network of infant mental health (0-3 years), based on three tenets: clinical, research and teaching.

Description of the project: Seven units were implemented across the country (1996-2005), with teams who graduated the 2-year course at the Continuing School of Medical Studies at the Tel Aviv University medical school. The specifics of the course will be described, as well as the

supervision process which took place with senior Infant mental health clinicians and researchers from abroad. We will also review the obstacles that we faced and still face today.

Conclusion: The model we present here is not only multidisciplinary, but integrative through its three ports of entry: clinical, teaching and research. In that sense, it may be viewed as unique, in contrast with programs aimed at specific disciplines or specific research projects.

Multidisciplinary training project for the prevention of eating disorders from prenatal to 3 years

Hamon C.

Training Center, Developmental Psychology Center of Forli, Forci-Cesena, Italy

Introduction: The alarming increase of eating disorders as well as restrictive overweight imposes the need to seek early intervention and prevention strategies. Paediatricians and communities (kindergartens, nursery schools and family centres) are the primary prevention agents.

According to WHO the most effective interventions are:

- Complex (which take into account the multifactorial (individual / family / community and cultural)
- Early (from the prenatal period)
- Involving a mechanism of action on production and sales on the ethics of the food industry

Project description: The project will have duration of 4 years (2016-2020) and will be performed in Italy, Emilia-Romagna region in the province of Forli-Cesena, and funded entirely by the food industry.

Modality: • 2016-2018: Trans-disciplinary training of all socio-psycho-health professionals who care for this age group (annual international Congress, monthly workshops, monthly multidisciplinary discussion groups)

• 2018-2020: Research / Intervention (search for risk and protective factors for eating disorders and early clinical interventions).

Conclusion: The goal of the project is:

- to reduce the percentage of the child population of Forli-Cesena area with an eating disorder;
- to educate all professionals in the area to make an early prevention of eating disorders;
- to educate families on the importance of both the educational and social aspects but also emotional and relational exchanges present during meals;
- to educate food companies land (Romagna is one of the most important Italian regions for production and agribusiness exports) and create synergy with childcare professionals to develop promotion early health.

International Master of Infant developmental psychology, psychopathology and psychiatre

Palau P.

Department of clinical psychologie, University of Valencia, Valencia, Spain

Being aware of the importance of providing a specialized interdisciplinary perspective in the field of perinatal and early childhood, in order to increase the effectiveness of teams in the prevention, detection and intervention of early psychopathology, ASMI WAIMH Spain has organized an International Master's Degree in Perinatal and Child Psychology and Psychopathology, and a PhD program in the same speciality, in collaboration with the University of Valencia and the support of the AEPEA. Both programs are aimed at all those professionals in the field of health and education who are responsible for the care of infants and toddlers and their families from conception. Students and teachers from various European and Latin American countries have the chance to share knowledge and professional interdisciplinary experiences. These two programs are an excellent opportunity for mutual enrichment and provide access to different resources and

techniques used in various countries.

17:15 - 18:45 Symposium

Attachment patterns and attachment disorder in foster children: deterrents, facets and implications

Moderator: Jacobsen, H.

National Network for Infant mental Health, Regional Centre for child and Adolescent Mental Health, Oslo, Norway

Reactive attachment disorder and disinhibited social engagement disorder in school-aged foster children-a confirmatory approach to dimensional measures

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Introduction: Foster children in Norway have a prevalence of DSM –IV reactive attachment disorder of 19%. Aim: to investigate the validity of the construct of DSM-5 reactive attachment disorder (RAD) and disinhibited social engagement disorder (DSED) in non-institutionalized foster children. Do our data support the conceptualization of RAD/ DSED as two separate constructs? Are RAD and DSED distinct from other established dimensions of child psychopathology? How are relational difficulties related to foster parents' parental practices?

Method: Foster parents of 122 children aged 6 to 10 years completed the Strengths and Difficulties Questionnaire (SDQ), the DAWBA RAD/DSED scale and the Family Life Questionnaire (FLQ). With use of confirmatory factor analyses (CFA), we compared the fit of two alternative structural models: model one hypothesized a one-factor structure of attachment disorder whereas model two hypothesized two factors consistent with the DSM-5 RAD and DSED. Third, we hypothesized a six-factor model by adding the four problem subscales of the SDQ to the two RAD and DSED factors. Multiple regression analyses were the path coefficient for regression on the RAD/DSED factor onto the FALQ factors "Affirmation" and "Rules" were conducted.

Results: Model one did not yield good fit with our data. Model two with a two-factor structure congruent with the DSM-5 definition of separate RAD and DSED constructs yielded a better fit. Further, this two-factor structure was also confirmed in the more demanding third model, including four additional dimensions of psychopathology. Increased relational difficulties were associated with less affirmation and support, and more rule-oriented parenting styles.

Conclusion: The results indicate that these relational difficulties are not just cross-dimensional side effects of complex psychopathology, but rather independent constructs that need to be assessed accordingly in foster children. Preliminary analyses indicate that foster parents may need supervision tailored to meet relational disturbances in a developmentally supportive way.

Birth factors, early childhood factors and attachment disorders at entry to foster care

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Institute of Health and Wellbeing , University of Glasgow, Glasgow, United Kingdom

We examined the routine birth data (e.g. gestational age, APGAR score) collected on 100 pre-school children entering foster care and also examined data regarding their "pre-care journeys"

e.g. the types and number of types of maltreatment experienced. Birth data on the foster sample were compared those of age and gender matched controls from the general population. Based on previous literature, we created an “optimality score” from various maternal factors (maternal age, smoking, Body Mass Index, diabetes, parity, previous therapeutic or spontaneous abortions, substance misuse) and child/birth factors (gestational age, birthweight, APGAR score, whether resuscitation required, presentation/mode of delivery). No significant differences were found between foster and control children’s birth indices but, for the foster children, low “optimality score” at birth was associated with disinhibited behaviours at entry to foster care. There were no significant differences between pre-care journey characteristics (type of maltreatment, number of different types of maltreatment, age of entry to care, number of previous carers) and any increase in mental health problems *except* a history of sexual abuse was associated with Inhibited symptom at entry to foster care. Inhibited behaviours (“low child emotional availability” as measured by standardised video rating) were associated with disinhibited behaviours (as measured by semi-structured interview with foster carer) at entry to foster care.

Correlations between attachment security and attachment disorder symptoms in foster children in their first year of placement and the influence of foster parents’ supportive behavior

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² *Institute of Psychology, University of Erlangen-Nuremburg, Erlangen-Nuremburg, Germany*

Due to early experiences, foster children are at risk of developing insecure or disorganized attachment behavior and attachment disorder symptoms. However, there is evidence indicating that the quality of caregiving conditions in foster homes may positively influence children’s development. In a German longitudinal study foster children’s attachment behavior and attachment disorder symptoms have been assessed at three times within the first year of their placement with the Attachment Q-Set and the Disturbance of Attachment Interview. Also, the foster parents’ supportive behavior was assessed in a play situation. The study consisted of 55 children (27 boys and 28 girls) between 12 and 82 months of age ($M = 35.87$; $SD = 18.37$) and their primary new caregiver. Results show that attachment security increased significantly within the first year of placement ($F(2, 100) = 11.38, p < .001$) and after twelve months of placement the foster children didn’t differ from a normative sample. Both inhibited symptoms ($F(2, 100) = 9.06, p < .001$) and disinhibited symptoms ($F(2, 100) = 5.78, p < .01$) decreased significantly after one year of placement. There is a significant correlation between the attachment security and inhibited symptoms after the first year of placement ($r = -.33^*$). Regression analysis reveal that parental supportive behavior significantly explains variance ($\beta = .29, p < .05^*$) of the attachment security ($R^2 .15$) and variance ($\beta = .31, p < .05^*$) of the disinhibited symptoms ($R^2 .15$) after one year of placement. This reveals the necessity of long term foster family placement and supportive behavior of the foster parents to gain secure attachment patterns and decrease attachment disorder symptoms.

Follow-up at 12 years of an intervention for attachment disorders in early childhood

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⁴ *Department of Human Development and Quantitative Methodology, University of Maryland, Baltimore, United States*

Attachment disorders have been the subject of a number of studies in the past 15 years, but few intervention studies exist. This presentation is from the only randomized controlled trial (RCT) ever conducted to evaluate the benefits of foster care as an alternative to institutional care, the Bucharest Early Intervention Project. Originally, 136 children participated in the RCT, which began when children were 6-31 months and concluded when they were 54 months of age. Following baseline assessment, children were randomized to care as usual (CAUG) or to removal from institutions and placement in foster care (FCG). They were reassessed at 30, 42 and 54 months when the trial concluded and the foster homes were turned over to local government authorities for support and management. When the children were 12 years old, we were able to reassess 111 of the 136 (82%). We also recruited 50 children who had never been institutionalized (NIG) from public schools and pediatric clinics in Bucharest as a Romanian comparison group. Signs of RAD and DSED were obtained from clinical interviews with parents and caregivers (the Disturbances of Attachment Interview—Early Adolescence).

17:15 - 18:45 Symposium

Risk and Resilience in Early Parenting

Moderator: Flykt, M.

School of Social Sciences and Humanities/Psychology, University of Tampere, Tampere, Finland

Maternal and Infant Characteristics Connected to Shared Pleasure in Dyadic Interaction: Who Have the Most Fun?

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Introduction: Infant's possibility to experience and regulate positive affective states is achieved through parent-infant interaction, where parents' empathic attunement of infant affective state forms the basis of emotion regulation. In our previous study we found that infants in dyads with longer moments of shared pleasure (SP) showed fewer emotional problems two years later, and that SP protected the child against the influence of parental psychopathology. Here we aimed to study which maternal and infant characteristics contribute to the occurrence and longer duration of SP moments in mother-infant interaction.

Method: Study participants were 113 mothers with their 7-month-old-infants from Tampere area. Mothers filled in the Infant Behavior Questionnaire for assessing infant temperament and the Edinburgh Postnatal Depression Scale for assessing their current depressive symptoms. A blood sample was taken from the infants for genotyping. Mother-infant dyads were videotaped in free

play, and their interaction was analyzed with the Emotional Availability Scales. SP in parent-infant interaction was analysed from the first 5 minutes of the recorded play interaction and defined as the parent and the child sharing positive affect in synchrony, expressed in a facial expression (curving of the mouth to smile or laugh), with gaze contact, and with a simultaneous or synchronized beginning and ending.

Results: The frequency of SP varied from 0 to 28, and the duration from 0.5 to 4 seconds.

Strongest predictors for occurrence of SP moments were: mothers' depressive symptoms (OR 2.2, 95CI 1.2-3.8), infants' responsiveness towards mother (OR 8.9, 95CI 2.8-28.6) and infant GG genotype of TPH2-703 (OR 5.7, 95CI 1.8-17.8). Good structuring skills of the mother (OR 5.6, 95CI 1.2-26.0) and infant involvement of the mother (OR 9.5, 95CI 1.8-49.5) predicted longer SP moments. Mothers' depressive symptoms predicted shorter SP moments (OR 0.4, 95CI 0.1-0.9).

Conclusion: Both maternal and infant characteristics influence SP in interaction.

Risk and Resilience in Early Foster Parenting

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Infants and toddlers often react to a foster family placement with avoidant behavior. Because there is no joint history and also because foster carers do not know the young child, they may interpret this behavior as if the child is adapting quite well to the new family. This misunderstanding may lead to stress in the child and create a risk for an enduring relationship.

Objectives: To investigate the quality of newly formed relationships between recently placed infants and toddlers and their foster carers.

Methods: In a sample of 123 foster families interactions between foster children, aged between 6 weeks and 42 months, and foster carers were videotaped and coded according to a semi-structured procedure (Emotional Availability Scales; EAS). Foster carers were asked to fill in a parenting stress scale (NOSI-R). Children's case files were studied for demographic and placement characteristics. Samples of children's salivary cortisol were taken.

Results: 70-80 % of the children scored low on EAS responsiveness and involvement. The majority of foster carers did not perceive stress in the relation with their foster child (NOSI-R). The children who gave rise to relational stress tended to show higher levels of salivary cortisol.

Conclusions: If foster carers do recognise relational stress, this may indicate stress in the child. It is important that foster carers learn to recognise this shut off behavior as a possible risk factor because it may lead to maladaptation and chronic stress in young foster children.

Implications for further research and practice will be discussed at the conference.

Mother's Early Representational Models and Emotional Availability as Predictors of Foster Care Placement and Parenting Quality at School-age among Substance-addicted Mothers

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Introduction: Mother's attachment security and her ability to mentalize her own parenting are known to be associated with higher parent-child relationship quality. However, little research exists

on their inter-relations among high-risk, substance-addicted dyads, and longitudinal designs examining their effects on school age parenting are lacking in this group.

Aims of the study: This study examines, first, the interrelations between mother's early models of attachment and mentalization (operationalized as reflective functioning, RF) and dyadic interaction quality (Emotional availability, EA) among treatment-enrolled substance-abusing (SA) mothers and their infants. Second, we examine, how early representations (attachment and mentalization) and dyadic EA predict parenting quality at school age and risk for child foster care placement.

Methods: The drug-abuse group comprised 51 mother-infant dyads, participating in outpatient substance-abuse/parenting interventions. The comparison group comprised 50 non-using, but medical risk dyads. Mother's adult attachment was measured during pregnancy with AAI. Mother-infant interaction quality was measured with Emotional Availability Scales at 4 and 12 months. Maternal RF was measured only in the substance-abuse group, with PI during pregnancy and with PDI at 12 months. Foster care history was obtained from register data and school-age parenting measured with mother's self-reported Emotional Availability Scales and Child Rearing Practices Report, when the children were 7-12 years old.

Results: Insecure and unresolved attachment models and very low RF and EA were typical among substance-abusers. Autonomous attachment did not protect mother's ability to mentalize or early interaction quality in the SA group. The results for school-age outcomes and their clinical implications are presented at the conference.

Insightfulness in Mothers with Histories of Childhood Maltreatment is associated with Postpartum Parenting

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Background: While prior research established links between parental insightfulness and sensitive parenting, less is known regarding these associations in samples of women with childhood maltreatment histories, and this is the goal of our study.

Method: Participants (n=152 mother-infant dyads) come from a parent study (MACY; N=268;) that over-selected for mothers' childhood maltreatment exposure. MACY collected data at 4, 6, 12, 15 and 18 months postpartum. Here we utilize 6 and 15-months data. At 6-months mothers underwent the Insightfulness Assessment (IA) Interview; at 6 and 15 months we collected mother-child interactions. The IA was scored for categories and dimensional scale scores. The scale scores yielded a 3-factor solution: a "positive" IA factor (complexity, insight, acceptance, flexibility, richness and coherence), a "negative" IA factor (shift of focus, concern, lack of separateness), and a separate "hostility" score. Mother-child interactions were rated using the MACY Infant/Toddler-Parent Coding System (MIPCS; Early, Muzik, & Beeghly, 2009). A composite positive parenting variable ($\alpha=.84$) was created based on maternal Behavioral Sensitivity, Affect Sensitivity, Flexibility, Engagement, Warmth, & Positive Affect. Structural equation modeling analyses were used to test associations between maternal characteristics (demographics, maltreatment history, psychopathology), insightfulness, and parenting. FIML and MPLUS were used to estimate models. RMSEA and CFI indicated good model fit.

Results: SEM analyses showed distinct pathways for the positive, negative and hostility IA factors. Maternal educational risk was related to the IA factors and positive parenting at 6 and 15 months, but trauma and psychopathology were not. The positive IA factor predicted maternal

positive parenting at 6 months, and the IA negative factor predicted positive parenting at 15 months, even controlling for education risk.

Discussion: Insightfulness shows expected associations with parenting in an at-risk trauma sample. Specifically, insightfulness predicts positive parenting qualities both concurrently and longitudinally. Results underscore the value of interventions targeting insightfulness in postpartum mothers.

17:15 - 18:00 Workshop

Child-Parent Playing with Food Therapy (CPPFT-P): A parenting group therapy for parents of children with feeding disorders

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Based on our extensive clinical and research experience working with children having FD at Soroka Medical Center and Ben-Gurion University of the Negev, Israel, we developed the **Child Parent Playing with Food Therapy (CPPFT)**. The CPPFT consists of 15 group sessions for parents of children with FD. Detouring from former negative and stressful experiences parents and children have with food, while using the central role of play to promote child development and positive parent-child relationships, the CPPFT creates a “new” experience with food for the whole family. By using food as a *play material* in a weekly task, food becomes connected to positive affect and enjoyment. Each week, parents are required to videotape 20-minutes of them playing and interacting with their child using *food materials*. During the group meetings, they share these interactions with the group. Watching their own videotaped interactions and observing the group’s reaction has proven to be a powerful way to enhance parental reflective functioning and parental sense of competence. Parents learn to observe their children and interpret their signals and signs better. They also become more aware of their own difficulties interacting with their children around food. In addition, through the weekly task, both parents and children are exposed to a variety of food ingredients creating an experience of desensitization. Consequently, children are better capable to accept a variety of food, with increasing children requests to try new food. In addition, through the group meetings, many parents recognize their own, as well as their children’s, difficulties in sensory regulation, and thus become more sensitive to their children’s needs. Participants in this workshop will learn the cal background as well as practical use of the intervention and early findings (pre and post intervention) will be presented.

18:00 - 18:45 Workshop

Lessons learned from a cohort of families with children reuniting with birth parents after placement in foster care

Mayers, H., Alvarez, M.

Clinical services, Chances for Children-NY, New York, United States

The abrupt removal of a child from his birth parents into foster care, regardless of the circumstances causing the removal, can be traumatic for all involved. In our community, these sudden, unanticipated events often occur at night. Child and parent are helpless to prevent the outcome. Reunification carries its own challenges, disillusionments and fears for both child and parent. Treating dyads like these in the context of a community infant mental health program has taught us how certain clinical interventions can foster resilience and healing. These lessons are

the focus of this workshop. We are a small community-based organization providing mental health services to under fives in a high-risk neighborhood of violence and poverty, a community with more children removed to foster care than any other in our huge metropolis. Our dyadic sessions use a video-feedback protocol based on psychodynamic and attachment theories to serve populations referred by child protective services, family courts, and prevention agencies. We have the opportunity to observe many children who currently are, or have been, in foster care. They continue to teach us, and their parents, about their experiences, helping us understand why they run repeatedly into the street, disappear in crowds and get lost. From these children and their parents, we have learned how to intervene when typical developmental tasks become insurmountable hurdles. Using clinical vignettes, video clips, and discussion we will explore kinds of play, toys and games that pull for mastery of separation, helplessness, terror, unpredictability and hopelessness. We will see families grapple with themes of having and losing; presence and absence; being lost and found, seen and unseen, loved and abandoned. We will think together about interventions that facilitate the repair of trust and bear witness as children repeatedly test the reliability and veracity of their parents' love.

17:15 - 18:45 Brief Oral Presentations

Diverse Topics: the Baby and the Couple Relationship; Vulnerabilities and Strengths, Musicality

Facilitator: Strauss, M.
Switzerland

How the ghosts of destructive sexual couple relationships can haunt a parent-baby relationship

Jones, A., Ball, K.

Perinatal Parent Infant Mental Health Service, NELFT NHS Foundation Trust, London, United Kingdom

The symposium focuses on the theme of the destructive sexual couple and how this can render a parent-baby relationship at risk. In parent-infant psychotherapy there is an inherent tension as to how and when to invite a parent to think about their own couple/sexual relationship. In complex cases that involve intergenerational emotional trauma, there is the further dimension of how and when to help a parent reflect upon their memories of their own parents couple relationship and their imaginings about their parents sexual relationship. Through the use of clinical examples, the following theme will be explored: how a destructive experience of the 'parental couple' can haunt a baby's emotional experience of being cared for, especially by depriving the baby of an experience of a creative couple. Often the unspeakable ghosts that can haunt such a parent are frightening feelings about what kind of a couple created them. This 'couple' can suffuse the sexual experience that creates their own baby. In order to free up the new baby in the present an argument will be made that it can be risky, but ultimately worthwhile, to enter this territory. An hypothesis will be explored that the therapeutic relationship can become a new lived memory in the present of a creative couple relationship in which the baby can, in complex ways, be reconceived in a parent's mind. To conclude, when working with babies at high risk, encouraging a therapeutic stance to always keep the notion of working hard to hold in mind the couple, especially the parental sexual couple, and/or often multiple sexual couplings, is clinically important. A series of questions that may be useful will be offered for clinicians working therapeutically with parents and babies whereby the parent-baby couple is haunted by these traumatic ghosts.

Interdisciplinarity in the work with sick infants - chances, benefits, limitations and pitfalls

Strauss, M.

Infant and Toddler Psychosomatics, University Children's Hospital, Zuerich, Switzerland

Introduction: In hospital-based work with sick infants and toddlers, interdisciplinarity is a common phenomena if not a principal requirement. Quite little, however, has been published about the requirements for a successful working together between disciplines.

Aim: of this workshop is to first give a survey of the literature on interdisciplinarity in the work with sick infants. The specific phenomena involved in this kind of work will then be reflected upon from a psychodynamic perspective, highlighting for example the importance of shared countertransference, diffusing anxiety and anger by cross- professional triangulation, as well as creating spaces of holding and containment from which patients and their caregivers may benefit greatly.

Description of the work and projects: The interdisciplinary team for the treatment of early eating disorders at the children's hospital Zürich will serve as an example. Chances lie in being more creative, broadening the perspective and thus becoming more aware of situations. Techniques like reflecting team, humour and playfulness are possible. Benefits are best service for the patients who do not have to search different specialists but can have them available in one session, and the cross-disciplinary competences that grow with the time working together. There will be clinical examples from the Zuerich team including the play picnic group, where three disciplines work together with a group of infants and toddlers and their caregivers.

Conclusions: Limitations (institutional as well as individual ones) and pitfalls of this kind of approach will also be described and the discussion in the group hopefully will encourage professionals to try and establish new forms of communication and understanding between disciplines.

Pilot intervention with the manualised 'AMPLE' program, a brief perinatal program for the adolescent parent-infant relationship

Nicolson, S., Thomson-Salo, F., Powell, A.

Centre for Women's Mental Health, Royal Women's Hospital, Melbourne, Australia

Introduction: Affordable and replicable preventive infant mental health interventions are important for adolescent parents and their babies. Designed by Susan Nicolson and Frances Thomson-Salo, AMPLE is a very brief, two-session support for the adolescent parent-infant relationship that has attracted strong levels of engagement within this hard to reach population and has demonstrated improvement of mother-infant relationship quality (Nicolson et al., 2013). For resource-poor services, this intervention holds appeal in that it could be implemented either as a stand-alone program, as part of more extensive support, or as a screening tool to identify families most in need. This paper discusses a manualised pilot of the program.

Purpose: The AMPLE program was designed specifically to offer an affordable, easily replicable, and appropriate intervention to clinicians working with adolescent parents in multicultural and resource-poor settings. As such, the program is likely to be implemented by clinicians with varying levels of infant mental health training and experience. Our goal in piloting and manualising AMPLE was to develop a usable platform that ensures high levels of treatment fidelity and competent delivery for the wider implementation of this promising intervention.

Description: The antenatal video session used clips demonstrating the capacity of newborn babies to recognise and seek connection with their mother. The neonatal intervention built on the antenatal session by showing mothers their infant's drive to connect with them. Video material used to structure the antenatal session and clips of the neonatal session will be shown.

Reflections on the manualisation, including how the presenters' observations and feelings informed the process, will also be discussed.

Implications: This paper will discuss the implications of piloting AMPLE and the potential for this effective program to be successfully trialled in other real world and culturally diverse settings to reach a population that is often thought of as difficult to engage.

The absence of telling; telling absence

Jones, S. J.

Perinatal and Infant MH Psychotherapy, Private Practice, Melbourne, Australia

Introduction: As a means to have children, donated eggs, sperm and embryos are no longer unusual methods of conception. Infant Mental Health clinicians will be working with a population of infants who were born from these and other methods of Artificial Reproductive Technology. The infertility research in studies across the world indicate that, despite clinic staff educating prospective parents as its importance, many children remain ignorant.

Aim: This paper considers how we need to understand more about the major difficulties for parents in disclosing, and for children in the non-disclosure. Does this lack of disclosure matter? How might we understand secrecy in the context of infertility?

Conclusion: If IMH clinicians are attuned to the unique difficulties for parents, they potentially have a role in helping parents and infants create more openness. Taking an infant mental health perspective, the paper considers current literature and our potential role in one of the greatest advances in reproductive science

Opening the gates on communicative musicality

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Introduction: Since a very early age infants show that humans are born musical. Music is part of our nature. Musical art can be a conduit allowing humans to express their needs to share and care. Musical art should improve listening skills which is at the core of communication capacity. Listening is tuning. Tuning is caring.

Aims: This workshop aims to show how music can be used as a tool a) in interaction between parents and infants and b) in self development of professionals dealing with the little ones.

Description. Through spontaneous movement and voicing we will awake "organic musicianship" to connect with ourselves. We will draw on inner listening to establish contact. We will open the gates of communicative musicality and embrace an awareness of "intuitive caring". Caring is the intention; music expression will be the flow.

We will guide participants to listen to their inner voices and to express themselves without "artistic" prejudices. After a vivid experience, participants will get some information on how we have been using voice and movement as a tool to help parents and professionals to rediscover their "intuitive didactics".

Conclusion: Malloch and Trevarthen's "communicative musicality" concept and contributions of authors as Edwin Gordon, Hannus and Mechthild Papousek have inspired immersive training models in projects such as BebéBabá, Opus Tutti and Jardim Interior (Inner Garden). These practical examples demonstrate how artistic events can be a space for shared meaning and collective intersubjectivity.

Rituals in families are needed to diminish stress and to create wellbeing in community. Movement root human complex behaviors. Protosinging roots speech acquisition. Music enables us to connect. We need music rituals. Participants are advised to bring comfortable clothes; a comfortable space where participants can move freely is required.

17:15 - 18:45 Brief Oral Presentations

The Baby before Birth through the Challenges of Neonatal Intensive Care to Commencing School

Facilitator: Ahlqvist-Björkroth, S.
Finland

Evaluating the effectiveness of the Close Collaboration with Parents training program™ on implementing FCC in the NICUs

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Introduction: The caring culture in a NICU is an important factor affecting the units' family-centered care (FCC) practices. Staff members may function as a "gatekeepers" by using their professional authority to enable or prevent parental care. FCC requires new role redefinitions amongst healthcare professionals that make caregiving more collaborative.

The aim of the study was to evaluate the immediate effects of the Close Collaboration with Parents™ (CC) -intervention on family-centered care practices in four NICUs in Finland.

Methods: The evaluation of the effectiveness of the CC™-intervention on unit care culture was conducted with structured interviews by using the Bliss Baby Charter audit tool® (BLISS). The audit tool comprised of 7 core principles of FCC (infant individual care, shared decision making, high level care close to home, parent involvement in service improvement, individual-based information and support, breast feeding, discharge planning), which are assessed with 140 criteria. Interviews were conducted pre- (2012-2013) and post-intervention (2014-2015). Unit managers, nurses and parents (pre-intervention n=39/ post-intervention n=53) were asked to self-assess their unit practices in relation to each criterion in three Level II NICUs and in one Level III NICU.

Results: Family-centered practices were more often evaluated as optimal post-intervention compared to the pre-intervention by all interviewed groups. The criteria evaluated as optimal in four NICUs were pre- and post-intervention as follows: 42% vs. 62%, 55% vs. 86%, 53% vs. 61%, and 37% vs. 67%. After the intervention, the parents spent more time in the NICU and they knew their infants and care of their infant better. Parents were better informed, and considered that their views had an important influence on the care practices.

Conclusions: The CC™-intervention promoted communication and a more collaborative care culture between staff and parents in the NICUs.

Parent-Doctor Communication and Medical Decision-Making in Medical Rounds in the NICU

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The Close Collaboration with the Parents™ (CC) intervention has furthered the transition of the unit care culture from professional-centered to family centered. This change has raised controversies amongst the staff as the boundaries defining the roles of nurses, physicians, and parents have become less clear. The increased parental involvement has changed the communication and decision-making during medical rounds. To increase the understanding on parent participation in medical rounds, the aim of this study was to describe parent-doctor communication and parents' contribution to medical decision making during medical rounds. The post CC™-intervention data were collected from 15 medical rounds in which the parent/parents participated from 1/2013 to 4/2014 in the level III NICU. The medical rounds were video recorded. After the medical rounds, the physicians and the parents were interviewed separately. The interviews concerned participants' understanding of the progression of the round and made decisions. The data were analyzed using thematic analyses.

Four different types of communication and decision making between physician and parents were identified: 1) Equal partners-Open communication and shared decision-making, communication reminded interaction, which is usually occurring between healthcare professionals. Both parties agreed on the importance of parental observations for the medical decision-making; 2) Teacher and student-Close communication and unanimous decision-making, the parents reported their observations about the infant but the decision-making was done amongst the staff. Despite the parents' lessened contribution, the interaction was described to be pleasant; 3) Teamwork among staff-Emergency communication and decision-making, the infant's critical condition and parental stress led to professional centered communication and decision making; and 4) Lost in interpretation-Mismatch communication and unclear decisions, reciprocal communication between the parents and the doctors were missing and each party had different understanding about the made decisions. With the help of staff support parents can be important information providers and collaborators in medical decision making.

Comprehensive NICU intervention "Close Collaboration with Parents™" decreases maternal postpartum depressive symptoms

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Premature delivery is an independent risk factor for a maternal postpartum depression. Because maternal postnatal depression has several adverse effects on the mother-child relationship and child outcomes, it is important to provide preventive interventions to all mothers of preterm infants whose newborns are hospitalized for a longer period of time following birth. The Close Collaboration with Parents™ (CC) is a unit-wide preventive intervention that aims to support the parent-infant relationship during the infant's hospitalization in the neonatal intensive care units (NICU). This study 1) measured the long-term effects of the CC™-intervention on maternal

depressive symptoms and 2) explored the association of maternal depressive symptoms and emotional bonding during hospitalization in the post-intervention cohort. The parental depressive symptoms were measured using the Edinburgh Postnatal Depression Scale (EPDS) [at 7 (+/- 3) days, at discharge and at 6 months (CA)]. The bonding was measured with Baby and You - questionnaire. The post-intervention EPDS scores of 188 mothers measured at the six months of child's age were compared to 153 mothers from the pre-intervention cohort. The mothers in the post-intervention cohort (M 4.34, SD 4.52) had significantly less ($p < 0.05$) depressive symptoms than the mothers in the pre-intervention cohort (M 6.31, SD 4.72). The mothers' depressive symptoms decreased during hospitalization. Their mean EPDS was 4.75 score at the time of discharge. A higher amount of depressive symptoms during hospitalization correlated with increased concerns about bonding ($p < 0.001$). A lower amount of depressive symptoms correlated with greater enjoyment ($p < 0.03$) and more intense separation anxiety ($p < 0.02$). The CC™-intervention increased mothers' mental well-being at 6 months of the child's age. In the post-intervention cohort maternal depressive symptoms decreased during hospitalization and were in a low level already at the time of discharge. Importantly, low level of depressive symptoms enables maternal bonding to the infant during the hospitalization.

Neurodevelopmental concerns at age 4 and adjustment to life circumstances at age 6

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Introduction: The correlation between language and behavioural problems in early childhood and adverse physical, mental health and social outcomes in late childhood and into adulthood is now widely acknowledged.

Aims: The aims are as follows:

- To investigate whether children with language and/or behavioural difficulties at age 4 are more likely, than their typically developing peers, to struggle with adaptation to life circumstances at age 6.
- To explore any protective or risk factors involved in mediating this relationship.

Methods: Data from the Growing Up in Scotland national birth cohort study are used. Language and behavioural development are measured at age 4 using parent-reported concerns and the Strengths and Difficulties Questionnaire (SDQ). Measures of adjustment to life circumstances include; attitude to school life, language & behavioural development, social activities and general health at age 6. Logistic regression and linear regression models are fitted in order to explore independent associations between language & behavioural development at age 4 and adjustment to life circumstances at age 6, whilst controlling for other contributing factors.

Results: Follow-up results from each of the four diagnostic groups (Language problems, Development/Behavioural problems, Language and development/behavioural problems, no problems [control]) will be presented. I will discuss how each group differs in their adjustment to life circumstances and explore any potential resilience factors.

Conclusion: There is increasing national interest in the predictive power of tests of early development, and analysis of data from the Growing Up in Scotland study will provide useful insights into factors influencing language and behavioural development.

Fetal chromosomal microarray analysis for minor ultrasound anomalies: impact on maternal representations and emotional state

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Introduction: Following sonographic detection of a “soft marker”, cytogenetic testing is currently offered to rule out a fetal chromosomal abnormality. In the majority of cases, the result is reassuring, and pediatric outcome is satisfactory. Although reassuring eventually, prenatal diagnostic work up may alter maternal representations and emotional status, and impair maternal-infant attachment.

Objectives: Our goal was to evaluate if using a novel genetic technique, chromosomal microarray analysis (CMA), in addition to conventional karyotyping for fetal soft markers would affect maternal emotions and representations, and if this impact would be similar to the impact of soft markers without CMA.

Method: We compared a group of women with fetal soft markers plus CMA, with a favorable neonatal outcome (n=10) to controls without any sonographic abnormality (n= 10), and to a historical series of women with fetal soft markers without CMA, also with a favorable neonatal outcome (n=18) Outcome criteria measured one week post-partum were : mean Covi score and STAI anxiety scores, Raskin depression score, distribution of maternal representation characteristics based on Interview of Maternal Representations during pregnancy (IRMAG).

Results: In the study group with CMA, mean Raskin depression score (3.8) was significantly greater than in controls (2), integrated/balanced representations (CMA group n=4) were significantly less frequent than in controls (n=9), restricted/ disengaged (CMA group n=4) and non-integrated (CMA group n=2) representations were more frequent than in controls (1 and 0 respectively). In the study group with CMA, maternal representations were less altered than in the historical series without CMA.

Antenatal coordinated care enhances maternal health and protects the infant sensorimotor and psychomotor development

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Introduction: Increasing evidence about early brain, emotional and psychomotor development of the infant, has highlighted the particular importance of early perinatal intervention. In France, new interdisciplinary practices and health policies have been created, but the question concerning their efficacy remains unanswered.

Aims of the study: Our objective was to assess the impact of the antenatal coordinated care (ACC) on the infant development, the maternal wellbeing and the mother-infant relationship.

Material and methods: We conducted a first study on 153 infants with functional troubles between 2 – 28 months of the postpartum, divided into those whose parents had received

antenatal care (AG=60) and those whose parents consulted for the first time at the postpartum (PG=93). Their development was evaluated with the Bullinger Sensori-Motor approach and a psychomotor exam. A second study evaluated the impact of the antenatal psychological care provided to 58 women presenting psychopathology during pregnancy and their infants. The maternal affective evolution was assessed between 3-18 months of the postpartum by a semi-structured interview and self-report scales measuring postpartum depression (PPD), anxiety and birth-related posttraumatic stress. The infants' psychomotor and emotional development was assessed by the Revised Brunet-Lezine scale and the Alarm Distress Baby scale.

Results: Our first study showed that 67% of the PG infants had sensorimotor particularities and psychomotor retardation versus 36% of the AG infants. This significant difference persists at all ages. In our second study, no correlation was found between the maternal psychopathology and the infant's development. For most infants we found positive psychomotor development and good mother-infant interactions. Moreover, contrary to previous studies, only 39% of antenatal depression evolved into a PPD.

Conclusions: The ACC reduces the risks for later infant developmental troubles and postnatal depression. Effective screening of vulnerable mothers and early psychomotor intervention are the milestone of perinatal health promotion.

17:15 - 18:00 Workshop

Help us to find each other: infant-parent therapy after mother-baby inpatient psychiatric unit (MBU) admission

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Introduction: Postnatal mental illness in the mother clearly poses a threat to the infant's urgent need to establish a secure connection as the foundation of socio-emotional development. In those cases where joint Mother Baby Unit (MBU) admission occurs, lengthy separation is at least averted however substantial challenges for the infant and his/her relationship with the mother remain: significant psychiatric symptoms persist or recur in a proportion of mothers after discharge from the MBU, particularly in the early months. In our MBU, we have observed that many of these mothers have personal childhood experience of trauma, and their babies often exhibit markers of evolving disorganised attachment. Further, it can then be difficult to source suitable therapy after discharge, due to ongoing illness and adverse social circumstances.

Aims: For these reasons, Peek-a-Boo clinic was born: a time-limited (4-8 sessions) outpatient infant-parent therapy clinic for selected dyads following discharge from our MBU. The therapeutic approach aims to boost parental reflective function and increase interactions that provide secure emotional experiences for the infant.

Description of the work: Two therapists work in the room with the dyad and most sessions are viewed through a one-way screen by the other therapists. Measures of mood and attachment are completed at commencement and cessation. Our early observations in the clinic have led to the adoption of the AMBIANCE (Atypical Maternal Behaviour Instrument for Assessment and Classification) scale to better define problematic interactions and to guide the therapeutic focus. We will present an overview of the clinic's genesis and progress, as well as a discussion of the themes and challenges. Illustrative video footage of the dyads will be shown.

Conclusions: We conclude that these high risk families can benefit from tailored infant-parent therapy in a setting where the mother's mental illness is accepted and understood.

17:15 - 18:45 Symposium

The impact of peripartum maternal psychopathology and mother-infant-relationship on child development

Moderator: Reck, C. ¹, Nonnenmacher, N. ²

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² *General Psychiatry, University Hospital Heidelberg, Heidelberg, Germany*

Discussant: Downing, G.

Institute Video Intervention Therapy, Paris, France

Maternal bonding over the course of the first year predicts child behavior problems five years later

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¹ *Child- and Adolescent Psychiatry, University Hospital Heidelberg, Heidelberg, Germany;*

² *Department of Psychology, Ludwig-Maximilians University, Munich, Germany*

Introduction: Maternal bonding (MB) has been described as the important quality of the affective tie from a mother to her infant. Bonding impairment has been theorized to exert a negative impact on child development, but studies on the topic – especially those accounting for maternal psychopathology (MP) – are rare. Our study aimed at closing this gap in research.

Material and methods: We examined 101 mother-child dyads seen in the laboratory at the child's age of 2 and 6 weeks, 4 and 14 months, and 5.5 years. MB and MP were assessed at time points t1 to t4 using the Postpartum Bonding Questionnaire and the Symptom Checklist Revised (Franke, 1992). Child behavior problems were rated by mothers and teachers at t5 using the Strengths and Difficulties Questionnaire.

Results: Maternal bonding significantly predicted child behavior problems at the age of 5.5 years over and above maternal level of psychopathology. Maternal judgment of child behavior was significantly predicted by PBQ scores at fourteen months, whereas teacher judgment was significantly predicted by PBQ scores at two weeks.

Conclusions: Results indicate a longitudinal effect of the early mother-infant-bond. Efforts supporting mothers during this early phase of motherhood should be intensified.

Child internalizing behavior at pre-school age in a sample of postpartum depressed and anxious mothers: the role of maternal attachment style insecurity for intergenerational transmission

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Introduction: Maternal attachment is discussed to be one factor accounting for intergenerational transmission of depression and anxiety disorders.

Aim: The study investigated child internalizing behavior (CI) at pre-school age and possible links to maternal mental health over time (MMH) and maternal attachment style insecurity (MI) in a sample of postpartum depressed and anxious mothers (PPD/PPA).

Method: Data was collected three to nine months postpartum and at pre-school age ($M = 4.6$ years). $N = 28$ women were diagnosed with PPD/PPA according to DSM-IV, $n = 31$ were healthy controls. CI was rated at pre-school age on a symptomatic level via CBCL/CTR-F and on a behavioral level via child responsiveness (CR) during mother-child interaction. MI was tested as a mediator between MMH and CI/CR.

Results: Pre-school aged children of women with PPD/PPA were rated significantly higher on CI by mothers, fathers and additional caregivers compared to controls. CI rated by mothers was influenced by current psychiatric symptoms, MI did not mediate this link. Children in the clinical group displayed significantly less CR compared to controls. MI mediated the relationship between MMH over time and CR.

Conclusion: Results emphasize the need for interventions focusing on mother-child interaction and maternal attachment.

The impact of prenatal maternal psychiatric problems and early parent-infant-relationship on adolescent callous-unemotional traits: a 15-year longitudinal study

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Although many studies have examined the association between callous-unemotional (CU) traits and conduct problems (CP), less empirical research has examined if prenatal environment and parent-child-relation might contribute to CU Traits. 44 adolescents (mean age: 13.8 years; 43% females) took part in this 15-year longitudinal study. The Inventory of Callous-Unemotional Traits was administered to assess CU Traits. Behavioral and emotional symptoms were assessed both in kindergarten age and in adolescence with the parent's version of the Strengths and Difficulties Questionnaire. Prenatal psychiatric problems were measured with the Symptom Checklist-90 Revised. Parent infant relationship has been assessed by the Parent-Infant Relationship Global Assessment Scale (PIR-GAS). Although, behavioral and emotional symptoms persisted from kindergarten age to adolescence, they do not account for variance in CU Traits. Rather than externalizing or internalizing symptoms in kindergarten age, prenatal maternal psychiatric problems and lower scores on the PIR-GAS predicted CU traits in adolescence. CU traits seem to be independent from behavioral problems in childhood and early adversity. Findings draw attention to the importance of prenatal maternal mental health and parent-infant-interactions in relation, and may have potential implications for prevention or early intervention of psychopathy in childhood and adolescence.

The influence of postpartum anxiety disorders and mother-infant interaction on children's socio-emotional and cognitive development

Reck, C.¹, Tietz, A.², Mueller, M.¹, Pauen, S.³

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Introduction: Maternal anxiety disorder seems to impact mother-child interaction and child development.

Aims: The study comprises two assessments at average infant age of $M = 4.0$ months and $M = 12$ months as well as two assessments at a child age of 5 years.

Method: $n = 34$ mothers with postpartum anxiety disorder (DSM-IV) and $n = 47$ healthy mothers were videotaped during a Face-to-Face-Still-Face interaction with their infant ($M = 4.0$ months).

Specific aspects of an anxious symptomatology were measured by questionnaires. The Bayley Scales (Bayley-III®) were chosen to assess infant language and cognitive development with one year. Mother-child interaction, child behavioural inhibition, behavioural difficulties, and cognitive development were assessed at five years of age.

Results: Infants of mothers with postpartum anxiety disorder performed significantly less well in the language domain than infants of controls but not with regard to cognitive development. Exploratory analyses pointed out the important role of maternal avoidance and maternal neutral engagement on infant development. First analyses suggest a connection between maternal anxiety and child development at pre-school age.

Conclusions: Results recommend considering maternal interaction and specific anxiety symptoms when treating postpartum anxiety disorder to prevent negative impacts on infant language and cognitive development.

17:15 - 18:45 Symposium

A cross-cultural overview on the attachment-based prevention program B.A.S.E.®-Babywatching. A program to counter aggression and anxiety and to promote empathy and sensitivity in preschools and schools

Moderator: Brisch, K.H.

Dr. von Hauner Children's Hospital / Paediatric Psychosomatics, Klinikum der Universität München, Munich, Germany

B.A.S.E.®-Babywatching: Background of the program, results on its effectiveness and its clinical application in an in-patient treatment for severely early traumatized children

Brisch, K.H., Hollerbach, J., Budke, A., Ebeling, L.

Dr. von Hauner Children's Hospital / Paediatric Psychosomatics, Klinikum der Universität München, Munich, Germany

Introduction: Based on Henri Parens' studies and John Bowlby's attachment theory, K.H. Brisch developed an attachment-based prevention program B.A.S.E.®-Babywatching – to prevent Aggression and Anxiety, to promote Sensitivity and Empathy. A parent with baby visits a group of children weekly for the duration of a year. The children observe parent-child-interaction. A group facilitator, who follows the B.A.S.E.® questioning technique, helps the children to empathize with the emotions/motivations of the dyad. This facilitated observation creates an opportunity to make positive attachment experiences, promote children's capacity for empathy/self-reflection, and help them to step back from hostile/fearful behavior. B.A.S.E.®-Babywatching is applied in (pre-)schools and several other pedagogical and therapeutic contexts, e.g. in an in-patient treatment for severely early traumatized children.

Aims of the studies: Scientific evaluation of the effectiveness of B.A.S.E.®-Babywatching in preschool and school. We hypothesize that children benefit in their ability to empathize with others and therefore show less aggression and anxiety.

Material and methods: Two studies were conducted: First, a control-trial with sample-size N= 248 children in 5 schools conducted by Haneder (2011) in Tyrol, Austria; Secondly, a study with longitudinal matched-pair design with intervention and control group and a sample size of N= 46 in two schools and two preschools in Frankfurt, Germany (Brisch & Hollerbach, 2015).

Results: In the Austrian sample significant group effects regarding reduction of internalized problem behaviour both for parent- and teacher ratings were found. In the Frankfurt study, there was a significant increase in empathy and a decrease in aggression and anxiety from pre- to post-intervention compared to the control group.

Conclusions: Increasing evidence shows that B.A.S.E.[®]-Babywatching is beneficial for children in (pre-)schools. Further research should focus on the question of interval and dosage and evaluate applications in other contexts than school and preschool.

Empathy Center - a project dedicated to support empathy for children and mothers who are victims of domestic violence

Wolak-Chmiel, M., Nejman-Kalińska, A.

Specialized support shelter for victims of domestic violence, Women's Rights Center, Warsaw, Poland

Introduction: Based on our long-term experience, we know that children who are victims of domestic violence suffer from great stress and have a lot of traumatic experiences. Such chronic stress causes problems in social settings, difficulties in coping with stress, disappearance of reflection and ability to empathize. We think about violence as the most non empathic act in human life, this is why we would like to give children the opportunity to experience a good, loving relationship, and work on sensitivity and empathy.

Aim of the project: Our program called *Empathy Center* is taking place in a specialized support shelter for victims of domestic violence. The main focus of the program is working with mothers and children at the same time. This program started in October 2015 and will continue until June 2016. About 50 children and 30 mothers are participating.

Description of the work: One part of our program is B.A.S.E.[®]-Babywatching - to prevent Aggression and Anxiety, to promote Sensitivity and Empathy. Children are sitting in a circle watching how a mother is taking care of her child and how interactions between them develop. B.A.S.E.[®] group-leaders encourage children to talk about what they are seeing. The second part is an empathy workshop for mothers. They are being encouraged to think about everyday situations and to empathize. The third part consists of a workshop with mothers regarding the psychological development of children.

Conclusions: Our collaboration with B.A.S.E.[®]-Babywatching group addresses mother's and child's needs. We hope that this experience will help participating families to better cope with domestic violence experiences and recover their inner balance. We also believe that this comprehensive knowledge will help mothers to develop a better contact with their children and be more sensitive in everyday situations, so children can experience empathic relationships.

B.A.S.E.[®]-Babywatching: a pilot experience in Uruguay

Trenchi, N., Cherro, M.

Facultad de Medicina, Universidad de la República, Montevideo, Uruguay

Introduction: In 2014, we attended a training course with Dr. Karl Heinz Brisch about B.A.S.E.[®]-Babywatching in a one-day workshop at WAIMH conference. In our country there is a growing concern about violence in schools and in the community. We used to be a very peaceful society, but social changes brought an increase of violent behaviors and lack of empathy. We thought that B.A.S.E.[®]-Babywatching must be tried as an economic tool to improve emotional and social development in children.

Aims of the study: We began a pilot experience in April 2015 in Montevideo, Uruguay with the purpose of evaluating the impact of this method on the behavior of children.

Material and methods: We conducted the experience in two different schools of the same neighbourhood, the Old City of Montevideo, a busy urban area:

- public school, 25 children (14 boys and 11 girls), 4 to 5 years old
- private school, 22 children (11 boys and 11 girls), 4 to 5 years old

The pre and post experience evaluations consisted of CBCL for teachers, and the SDQ for parents. We conducted the observation weekly during the first half of the year, and then we left the teachers to continue (with our supervision). All the activities were recorded.

Results: Preliminary results regarding the behavior of the children and general experiences will be presented.

Conclusions: Results and experiences will be discussed regarding benefits of the program for the children, the limitations of the study, difficulties which arose, and the applicability of the program in schools in Uruguay.

B.A.S.E.®-Babywatching UK in 2015

Kellie-Smith, G.¹, Perry, A.¹, Brisch, K.H.²

¹ B.A.S.E.®-Babywatching, UK, London, United Kingdom; ² Dr. von Hauner Children's Hospital / Paediatric Psychosomatics, Klinikum der Universität München, Munich, Germany

Introduction: In the UK we are excited by what B.A.S.E.®-Babywatching adds to our children's empathic understanding of each other. The programme runs mostly in primary schools. Children learn better ways to resolve conflict than verbal or physical aggression, and children who struggle with adversity are helped to observe positive relationships between parent and baby. We hope the experience of three terms of weekly babywatching sessions will help children strengthen their inner resources and resilience.

Aims of the project: We aim for a strong base of schools that run B.A.S.E.®-Babywatching and become aware of the benefits for their children and communities. Headteachers are the best advocates to encourage other schools to participate, talking with other Headteachers about what B.A.S.E.®-Babywatching is contributing to their schools. We also aim for the programme to be affordable.

Description of the project: It is important for schools to understand how to become a self-sustaining B.A.S.E.®-Babywatching community. This takes two years. Several teachers train to be Group Leaders and one of those then trains as their school Mentor. Those staff are on the school pay roll so within two years the school has no B.A.S.E.®-Babywatching outgoings. We need evidence of B.A.S.E.®-Babywatching's effectiveness and are delighted a team from Queen Mary College, University of London, are conducting research in two primary schools. Bursaries are sometimes needed to help schools without funds to pay for training and one year of mentoring, supplied by a Mentor not on their staff, who charges a fee.

Conclusion: Now B.A.S.E.®-Babywatching UK is a recognised Charity and we feel hopeful that fundraising will enable more schools to join the extraordinarily positive experience B.A.S.E.®-Babywatching offers those who take part: children, teachers, parent and baby and the whole school community.

17:15 - 18:00 Video Presentations

A short film about parents and babies in adversity in a group treatment setting: an opportunity to reflect on our identifications and the film making process

James, J.

Parent Infant Project, Anna Freud Centre, London, United Kingdom

'Now, not later' is a short film made for policy makers as well as teaching purposes. It illustrates therapeutic group work with parents and babies living in temporary housing. Workshop participants will be encouraged to reflect on their identifications with the different families, the interventions made by the clinicians in their practice, and the filming and editing decisions in the making of the film. The film was commissioned by the Anna Freud Centre to illustrate analytic

group work with families living in adversity in hostel accommodation. The film supported the launch of a report written with the National Society for the Prevention of Cruelty of Children (NSPCC) to spotlight babies and homelessness. It aims to illustrate how an apparently simple intervention can impact upon the early development of infants living in unstable conditions. The film is intended to be both a political statement that emotionally engages and increases awareness and also helpful for practitioners interested in group analytic ideas for building resilience in babies. The filming took place during drop-in group sessions, in a context where there is uncertainty about who will be coming and whether the most worrying parents and babies will be returning. The lived experience of this group is shown to be at times chaotic and incomprehensible, but nonetheless rhythmic and interconnected. It was important to have a story line that held the viewers interest and, where there was progress, instilled hope. The film-makers wanted to avoid over-simplifying the dynamic group processes, but also not to overwhelm viewers with unresolved distress. Watching the film will offer the opportunity to experience a parent and baby group treatment in action, stopping and starting to explore where the eyes go and keeping in mind the group as a whole.

18:00 - 18:45 Video Presentations

Reaching out to parents and babies in everyday health and care settings: moving from a collection of individuals to interactive, attachment-focussed groups

James, J., Slead, M.

Parent Infant Project, Anna Freud Centre, London, United Kingdom

Reaching out to parents and babies in everyday health and care settings: moving from a collection of individuals to interactive, attachment-focussed groups. Clinical practice, research and learning outcomes will be illustrated from projects, with film clips and interviews with staff and parents. Babies are brought to child health clinics, children's centres or play groups and, whilst well attended and popular, there are missed opportunities for supporting infant mental health. Pressing adult preoccupations often dominate, with babies being talked *about* rather than *with*, and initiatives not taken to help parents and babies try out new ways of relating. This workshop presents innovative projects that have been developed to re-configure these settings to encourage a 'think baby' culture. This enhances support for the psychological needs of parents and babies, especially for those who are 'hard to reach' in areas of socio-economic adversity. These projects are based on previous trialling and evaluations of earlier collaborations between parent infant psychotherapy and front line health and childcare services. It was found that parents appreciate re-modelled sessions, enjoying the attention given to their babies and the creation of a playful, social environment. For staff it was a culture shift that required commitment to increased observations and responsivity to parent-infant interactions and to facilitating interactive group dynamics. It was essential that all staff were involved in joint planning, training and supervision, and also to ensure the projects' sustainability and cost-effectiveness. Film footage will be shown to give a visceral experience of what the settings were like both before intervention. Participants will be encouraged to reflect upon their identifications and to explore where their eyes go when viewing the film. Results from the research evaluation include feedback from professionals and parents, and the coding of interactions. Both the successes and challenges will be considered.

17:15 – 18:45 Poster Workshop

What is father play good for? The role of father-toddler play in early development

Facilitator: Fitzgerald, H.
United States

Discussant: Nowacki, K.
Social sciences, University of applied sciences and arts Dortmund, Dortmund, Germany

Quality of mother-child and father-child play and children's emotion regulation: A longitudinal and moderation approach

Cabrera, N., Karberg, E., Malin, J.

Human Development and Quantitative Methodology, University of Maryland, College Park, MD, United States

Play promotes children's emotional regulatory (ER) skills, but most research has been with mothers so we know less about how father-toddler play promotes ER. Using data from parent survey, videotaped parent-child play interactions, and child assessments in a sample of minority low-income parents and toddlers in Early Head Start (n=78), we ask: What is the quality of parent-child play (structuring, intrusiveness, and playfulness)? Is play quality at 24 months associated with ER at PreK? Do toddlers' gender and affect, language, and social skills during play predict play quality or its association with ER? Fathers engaged in lower levels of structuring than mothers but did not differ in playfulness or intrusiveness. While the father-child play quality was not influenced by children's characteristics, mothers were more intrusive with daughters and more playful when toddlers had higher vocabulary skills. Fathers' intrusiveness at 24 months predicted ER at preK, regardless of child characteristics, but moderation analyses showed mothers' playfulness at 24 months predicted ER mostly with girls who had higher social skills. The quality of mother-child play seems more dependent on the context (child gender, social skills) than father-child play. The new finding that father intrusiveness might promote children's ER needs further exploration.

Mother-child and father-child play interaction: The role of parental playfulness

Atzaba-Poria, N., Menashe, A.

Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel

Based on the premise that the quality of father-child play is an important context for children's development and that fathers "specialize" in play, the current study focused on *parental playfulness* (i.e., the *manner* of play, using creativity, imagination, humor and curiosity during interactions), in relation to children's behaviors. Among 99 families (children's age: 1-3-years), father-child and mother-child play interactions were videotaped and coded using 7-point scales for playfulness, structuring, and intrusiveness. Mothers and fathers did not differ in playfulness. However, playfulness moderated the links between parents' and children's behaviors, suggesting a *double risk* pattern for mothers, in which mothers lower in structuring and higher in intrusiveness who were *also* low in playfulness had children who behaved more negatively and less positively during play. When mothers were higher in playfulness, these links were negligible. For fathers, a *double buffer* pattern was revealed, with more paternal structuring linked to higher levels of children's positivity and lower levels of negativity *only* when fathers engaged in high playfulness. These findings demonstrate the importance of examining moderation patterns among father and mother behaviors during play. The meaning of parental playfulness and its different role for fathers and for mothers will be discussed.

“Do your own thing”: Observing early father playfulness in the homes of low-income families in the U.S.

Anderson, S.¹, Roggman, L.²

¹ *Child & Family Studies, Weber State University, Ogden, UT, United States;* ² *Family & Human Development, Utah State University, Logan, UT, United States*

Father-child playful enjoyment is thought to promote children's early development and may be useful to more fully understand (Stern, 2010). An observational measure of father playfulness was developed and tested in two observational settings using extant video of father-toddler interaction, recorded in family homes of 191 low-income families at child age 24 months. The 10-minute semi-structured setting used the “Three-bag” procedure developed to observe mother’s parenting behaviors (Ware et al., 1998). A 5-minute “Do Your Own Thing” (DYT) setting instructed fathers to choose any activity they had done before with their child. Fathers were significantly more playful in the DYT setting than the semi-structured setting. In the DYT setting, father playfulness was associated with rough and tumble play, playing without materials, and father enjoyment. Surprisingly, however, father playfulness only in the semi-structured setting predicted children’s problem-solving, emotion regulation, and social cognitive abilities, and father playfulness only in non-rough-and-tumble play predicted children’s social cognitive abilities. These findings suggest that father playfulness can be observed in different contexts but may contribute to children’s development differently in different contexts (Bornstein, 1995). Recommendations for further measurement development will be discussed.

Father play in multiple contexts: Parenting interactions and toddler development in the US, Spain, Chile, and Turkey

Roggman, L.¹, Anderson, S.², Vilaseca, R.³, Farkas, C.⁴, Rivero, M.³, Hughes-Belding, K.⁵, Peterson, C.⁵, Rowe, N.⁵, Bayoğlu, B.⁶, Innocenti, M.⁷

¹ *Human Development, Utah State University, Logan, UT, United States;* ² *Child & Family Studies, Weber State University, Ogden, UT, United States;* ³ *Developmental and Educational Psychology, University of Barcelona, Barcelona, Spain;* ⁴ *Psychology School, Pontificia Universidad Católica de Chile, Santiago, Chile;* ⁵ *Human Development and Family Studies, Iowa State University, Ames, IA, United States;* ⁶ *Developmental Child Neurology, Hacettepe University Children Hospital, Ankara, Turkey;* ⁷ *Center for Persons with Disabilities, Utah State University, Logan, UT, United States*

Fathers’ interactions in play with infants and young children may support early development both similarly and differently than mothers and in ways that may vary by culture. Studies of mothers across cultures and conditions have shown remarkable similarity in certain parenting behaviors linked with children’s development, such as responsiveness to the child’s emotions and needs. Fathers’ responsiveness during play has also been associated with children’s development, though less is known about cultural variations in these associations. Two other important aspects of play interactions include talking, which is likely influenced by language context, and parents’ encouragement of children’s exploration, which is likely influenced by cultural values about autonomy and safety. To further understand fathers’ and mothers’ play interactions in varying socio-cultural contexts, we combine data from observational studies of parenting interactions during play with infants and toddlers in communities in the US, Spain, Chile, and Turkey each using the same standardized observation measure of parenting interactions (PICCOLO-D), and examine variations by country, language, ethno-racial identity, and socioeconomic status.

Variations across, between, and within sub-samples, in relation to children's development, suggest practical applications for working with families and future research directions for exploring how fathers' parenting adapts to context.

Parent-Child Play: Does Parental Language Matter?

Menashe, A., Atzaba-Poria, N.

Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel

Language is central in parent-child communication and children's development, but few studies evaluate the relation between parental language use and parent-child play interactions. We observed parent sensitivity, nonintrusiveness, and language in relation to parent-child dyadic-mutuality from videotaped in-home observations of 65 children ($M = 1.97$, $SD = .86$) and their mothers and fathers to address the following questions: (a) Is parental language associated with parent-child dyadic-mutuality above and beyond sensitivity and nonintrusiveness? (b) Does parental language moderate the associations of parental sensitivity and nonintrusiveness with parent-child dyadic-mutuality? (c) Do these patterns differ between mothers and fathers?

Parental language was coded using the parental language use measure (PLUM), a coding system measuring *parental exploring language* and *parental controlling language*. Results indicated that parental language and behaviours are distinct components of parent-child interactions. Parents who used higher levels of exploring language showed higher levels of parent-child dyadic-mutuality, even when accounting for parental sensitivity and nonintrusiveness. Use of controlling language, however, was not related to parent-child dyadic-mutuality. Different moderation models were found for mothers and fathers. These results highlight the need to include parental language assessment in addition to parental behaviour as an important aspect of father-child and mother-child play.

Fathers with broken-home experiences: Correlations between psychological stress and the quality of father-child play and the impact on their children's behavior

Remiorz, S., Nowacki, K., Gesing, A.

Social Sciences, University of Applied Sciences and Arts, Dortmund, Germany

Play is an important context for fathers and children to develop positive relationships. The quality of father-child interactions during play may be influenced by various factors, most particularly, stress, especially in families with difficult family histories. Metaanalytic results show a correlation between parental stress and children's problematic behavior (Stith et al. (2009). But the influence of fathers is neglected in most of these studies (Eickhorst et al., 2003). A current ongoing German study (part of the Central European Network on Fatherhood) of fathers with broken-home experiences examines the quality of father-child relationships in the context of play in families with chronic and psychological stress (Schulz & Schlotz, 1999), the BSI-18 (Franke, 2000), and the SDQ (Goodman, 1997). It examines the association of stress on father-child interaction measured in a structured play situation. Preliminary analyses show fathers with higher scores on psychological stress to be less engaged in father-child interaction during play than fathers with lower levels of stress. Moreover, there is a significant association between fathers' stress and children's behavior. Implications for the support of fathers are discussed.

19:45 – 20:45 Special Workshop

How Early Attachment Styles Manifest in Adult Relationships, in Art and in Culture

Kutz, I.

Israel

Thursday May 2, 2016

8:00 – 8:55 Master Class Lectures

MS-16 Developmental Changes in Attachment between 2 and 5 years of age

Marvin, B.

University of Virginia, The Mary Ainsworth Attachment Clinic

In this video-based lecture, we will use video clips of parent-child interaction in the Preschool Strange Situation to illustrate the developmental changes that take place in children's attachments as they move from Bowlby's Phase III in attachment to Phase IV, the "Goal-Corrected Partnership." While a baby's attachment becomes consolidated in the second half of the first year of life (Phase III), sometime around the fourth birthday there is another developmental shift: from an attachment strategy based on physical proximity and contact to an attachment strategy increasingly based on negotiating shared goals and plans for close interaction (Phase IV). This shift is based on the child's developing abilities to: think about his caregiver's internal experience (her goals, plans, attitudes and strategies); to compare them to his own internal experiences; to negotiate and compromise with his caregiver; and to recognize when their goals and plan match. Participants will learn how to recognize this Phase IV pattern through observing parent-child interaction. Participants will also learn some of the important implications of this developmental shift for research on attachment, and for conducting parent-child psychotherapy during the preschool years.

MS-18 Traumatic Experiences during Infancy: Psychological and Neurodevelopmental Outcomes and the Role of Eye Movement Desensitisation and Reprocessing (EMDR)

Ammaniti, M.¹, Fernandez, I.²

¹ *Sapienza University & Isabel Fernandez, ² President EMDR Europe*

Post-traumatic stress disorder (PTSD) during infancy and childhood describes discrete conditioned behavioral and biological responses to an experience involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others. Nevertheless, PTSD diagnosis fails to account for the complex symptomatology that emerges following early chronic interpersonal traumatization (such as, psychological maltreatment, physical and sexual abuse, neglect, separation from caregivers, traumatic loss, and witnessing domestic violence). In the attempt to more clearly delineate the childhood trauma impact, the diagnostic construct "complex trauma" has been proposed to describe the consequences of early children's exposure to multiple and prolonged interpersonal traumatic events that occur primarily within the caregiving system. Early interpersonal traumatization exerts a deleterious impact on children's abilities to recognize, express, and regulate emotional states. Several studies have provided evidence for the clinical efficacy of Eye Movement Desensitization and Reprocessing (EMDR) therapy in the treatment of PTSD. EMDR practice is guided by the adaptive information processing model (AIP model), according to which, a high level of disturbance related to traumatic experiences causes the information processing system to fail to properly process and store the experience into the functional memory networks. The goal of EMDR therapy is to access dysfunctionally stored experiences and to transform them into adaptive ones, by stimulating the natural neural processes of memory consolidation. Also in infants and children EMDR has been applied showing encouraging results, as we have documented in abused children not only considering psychological outcomes but also neurobiological ones.

MS-19 Adoption in an Arab Islamic society: Some cultural considerations

Masalha, S.

The College for Academic Studies in Or-Yehuda and the Hebrew University

In my presentation I will describe the unique challenges that Arab couples cope with when they decide to adopt an infant. Besides the universal challenges that couples handle in adopting and raising a non biological child, Arab couples have to deal with particular cultural and religious issues that make the task more complicated. How do Arab couples face the adoption project? And what are the implications on the child upbringing? These are among the issues that I will discuss in my presentation.

9:00 - 10:15 Plenary Lecture 5

Infant Psychiatry and the Origins of WAIMH; Remarkable Early Contributions that Energized our Field

Emde, R.N.

We are now joined together in our 15th World Congress. The theme of this talk will be about meaning: clinical meaning—that pervades our history. We will review: 1) the awakening of clinical meaning that led to our first Congresses and the volumes, “The Frontiers of Infant Psychiatry;” 2) why “infant psychiatry” and not another designation was used; 3) pioneers who were recognized at the first two Congresses and why; and 4) early contributions and challenges that resonate with us today as we pursue meaning in our world of increasing scientific complexity and global connectedness.

10:45 - 12:15 Presidential Symposium

Building Empathy beyond Barriers & Borders: Infant Mental Health Professionals' Role in the Israeli -Palestinian Conflict

Keren, M.¹, Abdallah, G.², Tortora, S.³, Gordon, I.⁴

¹Israel, ²Palestine, ³USA, ⁴United Kingdom

12:15 – 13:15 Poster Session

Poster Session 14: Parent-infant interaction and early relationship development

P490 “I see me in you”- Using a music-based program to support social and emotional development in babies and toddlers.

Ritblatt, N. S.

Child and Family Development, San Diego State University, San Diego, United States

The purpose is to provide attendees with the understanding of the role of music and relationship-based interaction in the development of social and emotional base for learning. Presentation material is appropriate for professionals of all levels. Babies respond to music prior to being born. Brain research indicates the impact of music on the brain and its soothing effects. Research also emphasizes the importance of early relationships in shaping brain development and their long-term effects on social emotional development and learning readiness. Beginning in infancy,

musicality exists at the core of family interactions and forms the basis for social and emotional communication throughout the life span (Dissanayake, 2000; Papousek, 1996; Trevarthen & Malloch, 2000; Zur & Johnson-Green, 2008). Zentner and Eerola (2010) found that preverbal infants had increased rhythmic response to music compared to speech. This supports the idea that children, from a very young age, find connections to music that may not develop solely from verbalizations, and that rhythmic music could potentially serve as a way to engage children in learning. Robinson (2002) stated that movement and music are joyful for children and therefore can be used effectively to teach children. The National Association of Child Care Resource and Referral Agencies (2008), describes music as a universal connector that inspires, soothes, excites and bonds human beings of all ages and cultures. Hence, music can play a role in supporting adult-child relationships and can be instrumental in the learning process. During the workshop, attendees will understand how research informs practice and how it guides early care and education practices. Examples of music emphasizing the importance of attachment and highlights different milestones and developmental tasks will be provided.

P491 Associations and determinants of infant development and mother-infant quality of interactions in Portuguese dyads

Soares, H.^{1,2}, Pereira, S. M.³, Figueiredo, M. C. Barbieri^{2,4}, Fuertes, M.^{5,6,7}

¹ *Escola Superior de Enfermagem de Angra do Heroísmo, Universidade dos Açores, Angra Heroísmo, Portugal;* ² *Instituto de Ciências Biomédicas Abel Salazar, Universidade do Porto, Porto, Portugal;* ³ *Gabinete de Investigação em Bioética, Instituto de Bioética, Universidade Católica Portuguesa, Porto, Portugal;* ⁴ *Unidade de Investigação, Escola Superior de Enfermagem do Porto, Porto, Portugal;* ⁵ *Centro de Psicologia da Faculdade de Psicologia e Ciências da Educação, Universidade do Porto, Porto, Portugal;* ⁶ *Escola Superior de Educação, Instituto Politécnico de Lisboa, Lisboa, Portugal;* ⁷ *Child Development Unit, Harvard Medical School, Boston, United States*

Maternal play can promote infant development by introducing infants to new experiences, scaffolding their emerging skills, and providing opportunities for the practice their developing capacities. In the present research, we studied the association between mother-infant quality of interaction and infant development. Moreover, we investigated the determinants of mother-infant quality of interaction and infant development from a range of infant and family factors. The sample included 86 healthy infants (46 girls, 40 boys, 48 first born) and their mothers from a Portuguese range of SES backgrounds. At 11 months, infant development was assessed with *Schedule of Growing Skills II* (SGS II). To assess mother-infant quality of interaction, the dyads were observed in free play at 12 months. The videotaped interactions were scored using the Crittenden *CARE-Index*. Maternal sensitivity and infant cooperative behavior were correlated with SGS II global scores and almost all sub-scales (except for *Locomotor* and *Self-care Social*). Dependent variables were related with multiplicity of factors included social (e.g., SES, maternal employment status), family (e.g., number of siblings, parents' education) and infant factors (gestational age, birth weight). From all variables studied only family attendance of nursing visits at Primary Health Care Center and gestational age predictive infant development. Moreover, mothers with higher sensitive behavior had more cooperative infants in free play that born with higher gestational age and less likely to be feed with cow milk after the first three months of life by their family. In turn, infants with higher cooperative behavior have less siblings and more sensitive mothers.

P492**Associations and determinants of infant development and mother-infant quality of interactions in Portuguese dyads**Soares, H.^{1,2}, Pereira, S.M.³, Figueiredo, M.C.B.^{2,4}, Fuertes, M.^{5,6,7}

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Maternal play can promote infant development by introducing infants to new experiences, scaffolding their emerging skills, and providing opportunities for the practice their developing capacities. In the present research, we studied the association between mother-infant quality of interaction and infant development. Moreover, we investigated the determinants of mother-infant quality of interaction and infant development from a range of infant and family factors. The sample included 86 healthy infants (46 girls, 40 boys, 48 first born) and their mothers from a Portuguese range of SES backgrounds. At 11 months, infant development was assessed with *Schedule of Growing Skills II* (SGS II). To assess mother-infant quality of interaction, the dyads were observed in free play at 12 months. The videotaped interactions were scored using the Crittenden *CARE-Index*. Maternal sensitivity and infant cooperative behavior were correlated with SGS II global scores and almost all sub-scales (except for *Locomotor* and *Self-care Social*). Dependent variables were related with multiplicity of factors included social (e.g., SES, maternal employment status), family (e.g., number of siblings, parents' education) and infant factors (gestational age, birth weight). From all variables studied only family attendance of nursing visits at Primary Health Care Center and gestational age predictive infant development. Moreover, mothers with higher sensitive behavior had more cooperative infants in free play that born with higher gestational age and less likely to be feed with cow milk after the first three months of life by their family. In turn, infants with higher cooperative behavior have less siblings and more sensitive mothers.

P493 Sense of competence and beliefs about parental roles in mothers and fathers as predictors of coparenting in mother-father-infant triadic interactionsFavez, N.^{1,2}, Hervé T.¹, France F.²

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Introduction: While the influence of parental cognitions on parenting behavior in parent-child interactions has been largely demonstrated, little is known, first, about the links between cognitions about parental and coparental roles and coparenting behaviors and, second, about the interrelation of maternal and paternal cognitions. Two types of cognitive schemas are of special interest in this regard: the parental sense of competence and parental beliefs about parental roles.

Aims of the study: The aim of the study was to assess the extent to which a sense of competence and beliefs about parental roles in mothers and fathers influence coparenting in triadic interactions during the first 2 years of the child's life. Other influential variables such as marital satisfaction and postpartum depression have been controlled for.

Material and methods: The sample constituted 69 mother-father-infant families, whose sense of competence, beliefs in parental roles, postpartum depression, and marital satisfaction were

assessed in our laboratory at 3, 9, and 18 months with self-reported questionnaires. Coparenting support and conflict were assessed with the Lausanne Trilogue Play.

Results: General linear modeling show that (i) predictors of coparenting are not the same at each time point; (ii) a sense of competence in mothers is positively linked with coparenting support, particularly at 3 months, whereas in fathers it is negatively linked with support, particularly at 18 months; (iii) discrepancies between mothers and fathers in beliefs about the importance of the mother's role is the main predictor of coparenting conflict at 18 months.

Conclusions: Our results show the importance of taking into account the interplay of parental cognitions as predictors of coparenting behaviors; moreover, a positive indicator at a parent-child dyadic level (feeling competent) may be problematic at a parent-parent-child triadic level, depending on the beliefs about parental roles in both parents.

P494 Parental playfulness: investigating playfulness differences between mothers and fathers of children with feeding and sleeping disorders

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Many researchers have investigated the impact of children's playfulness on their own development; however, little is known about the influence of *parental* playfulness on children's development. There have been no investigations of the differences between mothers' and fathers' playfulness or of families with disruptions in the parent-child relationship, such as families with children who have feeding disorders (FD). To uncover the meaning of parental playfulness within the parent-child interaction, we compared maternal and paternal playfulness in families having children with FD, sleeping problems (SP), and healthily developed children (HD). Three main aims were proposed: To examine maternal/paternal differences in playfulness; to test whether parental playfulness is lower in the FD compared to the SP and HD groups; to study the differences in maternal/paternal playfulness within the different groups. Home visits were conducted for 115 families (children's age: 1-3 years old); 33 children were diagnosed with Nonorganic Feeding Disorder, 28 children had sleeping problems, and 54 children had no evidence of developmental difficulties. Father-child and mother-child play interactions were filmed and coded using the parent-child playfulness system, which evaluates parental creativity, imagination, humor, and curiosity during play. Results indicated significant main effect for group, with parents at the FD group showing significantly lower levels of playfulness ($M=3.09$, $SD=.32$) compared to parents in the SP ($M=3.61$, $SD=.95$) and the HD groups ($M=3.73$, $SD=.67$; $p<.01$). However, no overall difference between mothers' and fathers' playfulness ($p=.40$) was revealed. Finally, the "group \times parent" interaction was found to be significant ($p<.05$), with mothers ($M=2.91$, $SD=1.02$) being less playful than fathers ($M=3.31$, $SD=1.06$; $p<.05$) in families having a child with FD. These results were not seen within the SD and the HD groups. The meaning of maternal/paternal playfulness, especially in families with disruptions in the parent-child relationship, will be discussed.

P495 Strengthening parent-infant interaction with infant massage in a community early childhood education setting

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Nurturing touch is one of the hallmarks of an attuned parent-infant relationship. Positive interactions between a parent and an infant are mediated, and reciprocally enhanced, by touch. Infant massage serves as a tool for parents to use nurturing touch in order to know and fall in love with their infants. The project aims at, firstly, exploring parents' perception of using infant massage

in their daily routine as a tool to deepen their understanding of the infants' behavioral cues and to enrich their early relationships. Secondly, the researcher investigates the impact of the parents' psychosocial standing on the daily implementation of infant massage. This qualitative study will yield insights into how the community early childhood education center could tailor its infant massage class to better serve its clientele who are low-income, at-risk, and from culturally diverse families. Six to eight parent participants participate in a five-week infant massage course led by a certified instructor. The class consists of a brief mindfulness practice, a practice of massage strokes along with a discussion and reflection about infant development. Prior to partaking in the course and after finishing the course, each parent participant will be asked to complete a questionnaire, followed by a semi-structured interview. The researcher then analyzes the participants' narratives to determine any implications for practice. This study will enable the staff members at the community center to customize the infant massage class to more effectively and efficiently meet the needs of the families they serve. Furthermore, the data will illuminate any barriers the parent participants may face as they attempt to incorporate infant massage at homes. The staff members, equipped with this information, will be able to structure the program so as to mitigate the effect of any impediments which confront their clients.

P497 Effects of maternity blues on mothers' perceptions of newborns' behaviors

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Aims of the study: This study, which is a part of a longitudinal investigation aimed to examine mothers' mental health, their children's behavioral characteristics and mother-child interaction in the early stage after childbirth, and discuss how to support mothers from their perinatal period.

Methods: The subjects were 249 mothers having babies. Of those mothers, 41 mothers belonged to an experimental group where their babies received the the Neonatal Behavioral Assessment Scale (NBAS) on their first to fifth day after birth together with the mothers. The pictures showing the scenes of mother-newborn interaction were taken. On the other hand, the control group included 208 mothers who gave birth in private maternity clinics in Japan, and answered the questionnaires distributed by midwives when attending a class for mothers before being discharged from the clinics. The experimental-group mothers also answered the same questionnaires. The questionnaire used the Edinburgh Postnatal Depression Scale (EPDS, Cox, et al., 1987), the Mother and Baby Scales (MABS, Wolke & St James-Roberts, 1987), the Postpartum Maternal Attachment Scale (Nagata, 2000), and the semantic differential scale to assess the mothers' perception of babies' images and the images of life with babies.

Results: The subject mothers' average age was 29.33 ± 5.07 ; the ratio of primiparas was 46.2%; the babies' age in days was 3.51 ± 89 ; the babies' weight at birth was 3004 ± 377.94 g; and the ratio of male babies to female babies was 49:51. When the EPDS cut-off point was set to 8/9, 21.4% were PPD positive, which was almost the same as the prevalence of maternity blues in Japan. In the EPDS positive group, the experimental-group mothers (NBAS-implemented group) were found to have a tendency to more highly recognize their babies' responses (.05).

Conclusions: Depression is a relevant issue and should be addressed as a routine part of Neonatal health care

P498 Is the relational withdrawal behavior in infants with cleft lip and palate associated with the quality of parents-infant interaction?

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Introduction: Sustained withdrawal behavior is an alarm sign that often occurs in various pathological conditions from both, organic and inorganic origins. The present study considered infants with Cleft Lip and Palate (CLP) and the relationship with their caregivers.

Aim of the study: The aim of the study is to analyze the association between relational withdrawal behavior in 4 and 12 months-old infants with CLP, and the quality of early parent-infant interactions.

Material and methodology: The sample consisted of 160 mother-infant dyads. Prenatal CLP diagnosis was performed in 83.5% of the cases, and 3.7% presented the syndromic form of the malformation. In the total sample, 30% were girls. Relational withdrawal behavior was measured with ADBB scale (*Alarme Détresse Bébé, Guedeney, 2012*) and the quality of parent-infant interaction was assessed with the observational scale Pediatric Infant Parent Exam (*PIPE, Fiese et al., 2001*). These two measurements were carried out during pediatric consultations in infants at 4 and 12 months-old.

Results: According to the first evaluation, 17.5% of children presented relational withdrawal behavior, and 16.5% of the dyads exhibited a very problematic interaction. In the second evaluation, 9.5% showed relational withdrawal, and 9.1% revealed a very problematic interaction. A significant correlation between relational withdrawal behavior and the quality of the parent-infant interaction was found in both, the first and the second evaluations, ($r_s = 0.423$, $p = 0.01$) and ($r_s = 0.263$, $p = 0.01$) respectively.

Conclusion: These results confirm that the social behavior of the infants is associated with the quality of the relationship with their caregiver. The higher the complications in the interaction, the greater the relational withdrawal behavior. Hence, the importance of detecting relational withdrawal in high-risk populations (e.g. CLP) from an early age, as well as caring for parents in order to encourage greater interaction quality.

P499 The early development of the drawing of disabled children and it's use in the accompaniment of the parents

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Drawing is one of the key tools of the psychologist and psychoanalyst to work with children. There is directed graphic that allows evaluations when possible and free drawing which shows the child's personality and constitutes a support for dialogue with him. Otherwise Serge Tisseron showed that the first traces left on a surface are linked to the process of separation / individuation. Throughout my career I followed children with intellectual disabilities and I used in some cases these debuts of drawing also in supporting parents to show that the child grew, to give them see (with the implicit

or explicit agreement of the child, of course) something emerging from his otherness. In the work presented here, I am particularly interested in the early awakening of the child. So I shall show drawing series at the very beginning of representation of oneself and the other one, between the first lines, dots, scribbles and other loops and the tadpole guy (sequence studied in detail by certain authors), just the moment when appears what I call inclusions. I shall speak about these during my intervention. This is a period which begins at different ages and for a variable duration according to the cases, often longer than for non disabled children. I hesitate to make of these inclusions a generality, but it is a phenomenon that I spotted in its repetition. I submit their presence and meaning to the discussion and research, not in terms of comparison between various groups of children but in terms of subjective progress of the child.

P500 Infant mental health interventions for hospitalized pregnant women and parents of premature babies should start in hospital!

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Introduction: In our hospital psychologists support pregnant women and their partners admitted for medical reasons to the obstetric unit as well as parents of prematurely born babies (target groups). This study aims to gain insight in a) the psychosocial problems of these parents and b) the infant mental health techniques applied during consultations. This audit inventoried the psychological interventions and possible outcomes for a future randomized controlled trial on the effectiveness of this psychological intervention.

Aim of the study: To develop and apply an infant mental health based intervention as standard care.

Material and methods: A retrospective audit on all psychological consultations of 2013 given to the above-mentioned target groups. The setting is the Obstetrics Department and the Neonatal Intensive Care Unit of the Erasmus University Medical Center in Rotterdam, The Netherlands.

Results: A psychologist counseled sixty-one parent couples during a median of 4 consultations (range 1 to 16). Thirty percent of parents were non-Dutch and 10% were from Suriname/Antilles. Thirteen future mothers (21.3%) were admitted for (severe) preeclampsia during pregnancy. Thirty-three newborns (54.1%) were born before 27 weeks gestational age. Feelings of insufficiency, loss and grief prevailed in the consultations. Psychological techniques were crisis intervention, offering containment to the parental couple and their baby and the nursing and medical staff, creating a holding environment, supporting the motherhood constellation, enhancing mentalization, helping parents to keep the baby in mind and psycho-education.

Conclusion: A number of parents were referred for psychological infant mental health support. Close contact with the medical and nursing staff seems important to create a holding environment. The consultations served to reduce emotional stress of parents and their baby and the medical and nursing staff with the aim to enhance the parent-infant relationship and parents' feeling of competence.

P501 When the Lumière brothers met Jessica Benjamin - video feedback and the analytic third in parent-infant psychotherapy

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Interaction between babies and their parents may easily take the form of a power struggle between strong and weak, 'doer and done to'. The inherent dependency of the baby and the anxiety that parents experience when they feel that something is wrong with their baby makes this pattern of relationship inflexible. This power struggle and 'battle of wills' may interfere with development and might lead to a challenging situation and even to an impasse in therapy. Video feedback is one of the tools that may help the clinician to overcome impasse in parent-infant psychotherapy. The video may work, in my opinion, not as an 'objective' instrument that shows some 'truth', but rather as a tool that fosters recognition between subjects, and helps the parents to perceive their baby as a subject, without losing their own point of view and subjectivity. In this presentation I will describe and conceptualize, from an intersubjective perspective, and more specifically in reference to the work of Jessica Benjamin, the ways in which video feedback may help to create an analytic third space in parent-infant psychotherapy.

P502 Risk intervention in mother-child DV victims, using IFEEL Pictures and other psychological assessments

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Introduction: Victims of DV often remain within their family, refusing to seek help. The background to this behavior is a pervasive longing for fusion with the other, called the 'core complex' (Glasser, 1979), which causes denial of fear or anger. With sexual abuse to children, 'individual and familial dysfunction' (Weissberg, 1983) is the root cause.

Purpose: This presentation clarifies how the use of IFEEL Pictures and other psychological assessments in a woman who had refused to acknowledge her spouse's DV contributed to raising her awareness and seeking countermeasures.

Clinical Material: A woman who had long been the recipient of intense DV had a son who was similarly physically and verbally abused by her husband, who had also molested her 5-year-old daughter since age 3, leaving kiss marks on her buttocks. The child had begun to stutter from around that time; however, the mother had merely watched and took no action. The nursery school was concerned, however, and persuaded the mother to seek help. She initially refused, but when the teachers suggested that the girl be referred to a consultation center to alleviate her stuttering, the mother eventually agreed. At the first session, the woman described her husband's DV at home, like a play-by-play report, without hesitation or emotion. At subsequent sessions, WISC-III and HTPP were performed on the daughter, and IFP, Rorschach, SCT, HTPP, and WAIS-III on the mother.

Conclusions: The results of the tests she and her daughter took and the reasons for her daughter's ongoing symptoms were explained in detail, which led to her awareness of familial dysfunction. Once the mother's defensive denial had been dismantled, she moved forward to seek help, flee from her husband, and take refuge in a shelter to secure her own and her children's safety.

P503 Multifaceted intervention for a feeding disorder in an immigrant family

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Introduction: The poster presents a multifaceted intervention for the treatment of a feeding disorder in the 2-yo child of an immigrant family. The intervention is based on the clinician's role as a consultant to the parents, an understanding of early child development, the intergenerational transmission of trauma, and the significance of cultural values and beliefs.

Purpose: Parents from South Sudan contacted the clinician about a persistent feeding problem in their son, who had previously been diagnosed as failure to thrive. The aim of the work was to consult to the parents and facilitate their stated goals of nourishing their child.

Description: After conducting an evaluation in her office, the clinician designed a treatment plan that included: (1) a long term relationship with the family beginning with monthly home visits at lunch time; (2) a videotape analysis of the feeding situation; (3) placing the child in an enriched preschool environment; (4) creating a picture book of the parents' traumatic history for them to read to their children.

Results: Interviews with the parents revealed their anxiety and ambivalence about feeding their child, and videotape analysis demonstrated the parents' unconscious undermining of the child's agency in the feeding situation. These insights were not communicated directly to the parents but were used to inform the ongoing clinical work. After a tentative beginning, the child thrived in the preschool and began to eat with his classmates. Home visits continue to build trust and understanding with the family, as well as the potential for decreasing stress at mealtimes. The parents were active collaborators in the creation of the book, which emphasized the stories of their childhood, important cultural values, and a children's song from South Sudan.

Conclusion: The poster presents details of a multifaceted intervention for the intergenerational transmission of trauma.

P504 Family dynamics during the first year of the child - strengths, troubles and relationships

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Birth of the a baby changes the family dynamics, it affects the couple's relationship, forms ways of parenting, creates representations about the baby and makes and reorganizes relationships. The aim of the study is to find out the paths of family dynamics during the first year of the child's life, what troubles arise and what are the strengths that protect the family when new relationships are created. Second aim of the study is to develop treatment plans during this period of the families' life. The study is a qualitative multimethod study with 7 families from birth to one year of age. Data has been collected with questionnaires, interaction videos and interviews with both parents. Questionnaires gather data about couple relationship, child's temperament from both parents and about mother's depression, experience of motherhood and social support. The interaction between the child and parents separately has been videotaped when the child is three, six and 12 months old. Parents have been interviewed separately using WMCI- interview when the child is 12 months old. The whole family has been interviewed about their family. The questionnaire data, interview data and the interaction data has been combined into a family story to understand the family dynamics and it's changes during the year. Preliminary results show that if mother is occupied with something else and relationship with the child is weak, father can have good relationship with the child. Couple relationship problems can affect the relationship with the

child, especially when the child is six months old. Mothers mental problems don't necessarily mean bad relationship with the child. The study evaluates the family dynamics of seven families in detail during the first year of the child's life. Different paths of couple relationship, parenting and representations and interaction with the child will be discussed.

P505 The maternal attribution of meaning to first recalled breast biting by their infant; an infant mental health perspective

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Introduction: Breastfeeding can be a unique and positive experience and offers mother and baby opportunities for significant interpersonal and intra-psychic reciprocal interplay. However breast feeding difficulties are relatively common and associated with significant maternal concern.

Aims: The aim of this research was to describe what meaning mothers make of their baby biting them for the first time during breast feeding and to contribute new findings from a mother-baby interactional perspective.

Method: This exploratory qualitative research study utilised a phenomenological based enquiry approach to gather information by semi-structured interviews from a community sample of mothers who had experienced their baby or infant biting them during breast feeding. A narrative analysis of the mother's verbal accounts and personal descriptions allowed access to the mothers subjective experience in order to gain thematic insight into this baby phenomemon including the attribution of meaning from the maternal narrative.

Results: Mothers make sense of the biting experience through a range of cognitive and emotional constructions and attributions about their baby or infant described under a number of themes. Overall there was congruence of the meaning making themes that emerged from those maternal reports across participants and with the relevant psychoanalytic, psychodynamic and infant mental health literature.

Conclusions: The study highlighted the importance of the mother's experience in the meaning-making process and that explanations of her baby's biting were constructed from intersubjective relating. Mothers experienced intense emotional and cognitive responses with a range of meanings attributed to the baby as a result of the biting event. These appear relatively stable over time and principally concern the mother-baby relationship. It also points to the subjective experience of the baby especially as initially there was often discordance between the mother's interpretive responses and how she came to understand the baby's emotional valence and behaviour. It is recommended that in breast feeding difficulty and the baby biting at the breast that the mother's story be actively considered.

P506 Mother's brain cancer during pregnancy or breastfeeding

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Introduction: The annual, global, age-standardized incidence of primary malignant brain tumors is 3.7 per 100,000 for men and 2.6 per 100,000 for women (CANCER Supplement October 1, 2008 / Volume 113 / Number 7). Depending on the type and the gradus of the tumor (gliomas, such as glioblastoma multiforme, ependymomas, astrocytomas, and oligodendrogliomas), the survival prognosis is of 18 months to seven years. Being diagnosed with a brain tumor during pregnancy, or when breastfeeding changes everything for a young mother, her family and her baby.

The aim is to present through three cases of young women diagnosed with a deadly brain tumor, the intensive collaboration between the cancer clinic and the child psychiatry clinic of Turku University Hospital. The challenges of being in cancer treatment and building at the same time a secure relationship with their children (0 to three) are described. The psychotherapeutic holding system and the network of care which are established for the family and the management of advance care planning are presented. Finally, the psychotherapeutic services provided for the family after the death of the mother is described.

Conclusion: A multi-professional team is required to be involved in the therapeutic process as long as the mother is in treatment, and at least one year after the death of the mother.

P507 Maternal psychosocial and neurobiological stress during pregnancy

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This study investigates the effects of prenatal parental stress on fetal development and infant reactivity. This presentation focuses on a new instrument – the Prenatal Stress Questionnaire (PSQ-G) developed in Geneva in order to assess major stressors that parents may experience or have experienced during pregnancy. Participants were healthy pregnant women recruited at the Geneva Obstetric Clinic from 10 to 12 weeks of gestation and followed until 8 months after birth. They participated at each trimester of pregnancy in a protocol investigating maternal psychosocial and physiological stress. In order to study stress reactivity, the participants were exposed to mild acoustic and cognitive stressors at the third trimester of pregnancy, and salivary cortisol and fetal heart rate stress-reactivity were assessed. Eight months after birth, parental and child psychological and neurobiological stress reactivity were assessed during the Still-Face Procedure. Co-parental alliance was investigated with the Lausanne Triadic Play Procedure both during the prenatal and postnatal periods. Preliminary results: During the prenatal period, high maternal psychosocial stress was associated with altered cortisol reactivity during pregnancy (circadian rhythm and stress reactivity) and with altered fetal heart rate variability, an indicator of physiological regulation of the fetus. High levels of maternal prenatal stress were also associated with a lower prenatal co-parental alliance, indicating that prenatal stress also affects the development of the emergent parental capacity. At 8 months of age, high prenatal maternal stress was associated with high behavioral reactivity of the infant reported by the parents. PSQ-G provides reliable quantitative and qualitative data on psychological stress that is associated with neurobiological measures of stress. These results indicate that PSQ-G can be used to identify pregnant women at risk and in need of prenatal interventions in order to prevent adverse emotional and physiological outcomes in the infant.

P508 Parent-infant interaction in community versus clinical samples

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Introduction: Parent-infant interactions play a central role in early developmental processes. The quality of parent-infant relationship has been implicated in children's social, emotional and cognitive development and in the development of children's mental health problems.

Aim of the study: The main aim of the present study was to compare parent-infant interaction among participants from clinical and community settings.

Material and methods: A total of 28 families, each with a child under 3 years of age, participated in the present study. Ten of these families were recruited from clinical and 18 from community settings in the UK. The infant and one of his/her parents were observed (video-taped) during a short free and structured play situation. The parents were also asked a set of questions regarding their psychological wellbeing, parenting styles, and early childhood experience.

Results: The result showed significant difference in the mother-child interaction during both free and structured play situations across settings. Specifically, mother-child interaction among mothers from a clinical setting can be described as showing little reciprocity and little verbal elaboration. The mothers in this group also appeared insensitive to their child's behaviour and they tended to make significantly more negative expressions than mothers from community settings. Mothers from these two settings also differed in their socio-demographic characteristics, with mothers from clinical settings being significantly younger at the birth of their first child than mothers from community settings; they are also more likely to not be in employment, more likely to have mental health problems (especially postnatal depression), and more likely to have experienced domestic violence.

Conclusions: The implication of these findings for preventative work will be discussed.

P509 Compromised Engagement Cues May Reduce the Quality of Infant-Maternal Interactions

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Infants' behavior and that of their caregivers is reciprocal and dynamic. Several factors may contribute to unsuccessful infant-maternal interactions. When infants are developing in a typical pattern, their behavior (e.g. gazing, smiling, reaching) signals to the caregiver a readiness to interact. For infants with a disability, the signals may be diminished, different, or delayed. Mothers may differ in their interactions with infants with disabilities relative to mothers of typically developing infants. For example, the muted smiles that infants who are blind develop and the absence of eye contact early in life often prove distressful for parents. Among the factors that affect infant-maternal interaction are setting, support systems, cultural context, and socioeconomic status. The findings of the study provide a description of the infant-maternal interactions and home environments of a cohort of children (birth to age 3) with visual impairments and their mothers.

Methods: Data regarding the socioeconomic status of the family was collected, a 10 minute infant- maternal interaction was analyzed using the Nursing Child Assessment Teaching Scale (NCATS) (1983). In addition, the Early Interventionist completed The Home Observation for Measurement of the Environment (HOME) Inventory (1984).

Conclusions: There have been very few studies that examine the maternal-infant interactions between infants who are blind and their mothers, and therefore, little data on effective intervention practices to support healthy maternal-infant relationships. Promoting healthier maternal- infant interactions at an early age may reduce or eliminate the need to remediate unsuccessful social patterns at school-age, and would facilitate improved quality of social relationships through the lifespan. This study has raised questions of the use of eye contact as an indicator of the child's responsiveness to the caregiver. This appears to be an aspect of the NCAST instrument that may limit its effectiveness with children who are visually compromised.

P510 The modern mother: Online parenting resources, postnatal depression, social support, and self-efficacy in the first year

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While over half of the internet users in the country are parents, there is little information about how this internet usage is related to parenting. Previous findings show that Facebook use increases over the transition to parenthood, and that increased Facebook use is related to rumination and, thus, depressive symptoms. Becoming a parent is stressful, and studies have demonstrated that social support is an effective buffer for this particular transition. The current study examined new mothers' use of online parenting resources and Facebook within their first year of parenting to examine the relationship of internet use to postnatal depression, social support, and maternal self-efficacy. Participants were 373 mothers of babies between 2-12 months of age. A series of multiple hierarchical regression analyses were conducted on the moderation of reported satisfaction on these three variables. Results showed a direct effect of the use of online parenting resources on postnatal depression and maternal self-efficacy, but no effect on social support. There was no relation between Facebook use and the three outcome variables. Moderation hypotheses showed no significant outcomes. Implications and limitations of this study and further research goals are addressed.

P511 Rehabilitation of motherhood after dorsomedial prefrontal cortex (dmPFC) lesion - Case report

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Introduction: Parent-child-interaction is a source of complex information that needs to be rapidly processed in order to meet the demands of the immediate social situation. The medial PFC has been identified as a critical area in social cognition and in mentalizing about others' states. Moreover, changes of dmPFC have been reported in depression or in drug-addicted mothers. The capacity to accurately infer the thoughts and intentions of others is critical for effective social interaction, and neural activity in the dmPFC has been linked with the extent to which people engage in mental state attribution.

Case report: We describe a mother with an isolated right dmPFC lesion due the acute cerebral venous sinus thrombosis postpartum when her third child was one-week-old. At home, after the period of three weeks hospitalization without being in contact with her baby, she felt irritable, forgetful and tearful. Her husband also noticed that she was being avoidant toward the infant. The mother felt insecure in situations she was taking care of the infant alone and she had difficulties noticing or responding to her baby's initiatives and needs. The family was sent to the Child Psychiatry Clinics when the baby was 6 weeks old. The parent-infant psychotherapeutic process started consisted of weekly home visits. During the therapeutic interaction feelings of closeness towards the baby were found.

Discussion: This case report provides further evidence of the importance of the dmPFC in the network brain functions in social bonding and the plasticity of this network as described in the changes of behavior during the therapeutic process. We emphasize the importance of psychotherapeutic intervention focusing on early interaction, as a part of rehabilitation of mother-

infant bonding problems caused (at least partially) by a lesion/ dysfunction in brain areas processing social information such as social cognition and mentalization.

P513 Conceptualizing the miscarriage experience through the lens of Ghosts in the Nursery

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The purpose of this study was to use the “Ghosts in the Nursery” theory (Fraiberg, Adelson, & Shapiro, 1975) as a framework for understanding clinicians’ perceptions of women’s experience of miscarriage. Specific attention was paid to the experience of becoming pregnant with a subsequent child. Professionals who work in the field of infant mental health were asked to explore the theory’s utility in conceptualizing the experience of becoming pregnant after a miscarriage. An extensive literature review guided the formulation of the interview questions across four domains related to these experiences. These included the experience of miscarriage, the experience of becoming and being pregnant following a miscarriage, of having a child born after a loss, and content related to “Ghosts in the Nursery” theory (Fraiberg, et al., 1975). Four professionals were interviewed for this project. The responses of professionals were then explored using qualitative data analysis. Results indicated the perceptions of women’s experiences of miscarriage and subsequent pregnancy are congruent with previous research findings. Further elaboration and information were provided to illustrate the experience of having a child and being a parent after experiencing a loss, and to explore the idea of understanding miscarriage as a potential “ghost”. The most prevalent outcome from respondents were examples of so-called “Ghosts in the Nursery”. Discussion of these results focused on psychological impacts of miscarriage, having subsequent children, “Ghosts in the Nursery,” and the theoretical concept of traumatic reenactments. This study applies a new perspective to the theory of “Ghosts in the Nursery” (Fraiberg et al., 1975) to children born after a loss.

P514 Motherhood in adolescence: a neuropsychomotor video analysis of the mother-infant interaction at 3 months

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Introduction: Motherhood in adolescence is a risk factor for the quality of mother-infant interaction. Adolescent mothers are less responsive and more intrusive, punitive and hostile towards their children than adult mothers (Berlin *et al.*, 2002). Moreover, they have a scanty awareness of their own body and of the implied communication originating from their gestures.

Aims of the study: The aim is to analyze the quality of dyadic interaction styles in adolescent mother-infant dyads at 3 infant months, using the Neuropsychomotor Video Analysis (NVA; Moioli *et al.*, 2010, 2014).

Materials and method: The participants of the study were 66 adolescent mother-infant dyads which were recruited at San Paolo Hospital of Milan. At infant 3 months, a free play dyadic interaction was videorecorded and coded using the NVA. NVA manages 7 categories for the mother (violent, intrusive, controlling, sensitivity, collaborative, passive, and expulsive) and 7 categories for the child (aggressive, reactive, controlling, participating, collaborative, passive, and avoidant). Adolescent mother’s and infant’s styles were compared to the NVA categories’ cut-off (Moioli *et al.*, 2014, in progress).

Results: Analysis showed that adolescent mothers had a high score on intrusive and violent styles that is considered to be in a high risk range; they also had a low score on sensitivity style that is situated in a risk range. Similarly, infants of adolescent mothers had a high score on avoidant style that is situated in a high risk range and a high score on passive style and low score on participating style that are situated in a risk range.

Conclusions: Adolescent mothers have an inadequate style of interaction in 3 of 7 NVA categories; already at 3 months, infants of adolescent mothers seem to have difficulty in adapting to the interaction with their mothers, using avoidant and passive behaviors.

P515 Listening skills of preschool children and shared learning experiences in the school and family context

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Introduction: Effective listening in the classroom context entails skills such as constant monitoring of ongoing information and use of effective strategies, such as asking appropriate questions, to maintain comprehension. Moreover, empirical data on the impact of mother-young child interactions to children's cognitive and communicative development suggest that mothers who act as informative partners in communication and model both speaking and listening skills through shared activities with their children can enhance child communicative capacity.

Aims of the study: The present study explores the role of exposure to play and shared learning activities in the school and family context in preschoolers' ability to respond effectively to oral messages as listeners.

Materials and methods: The participants of the present study were 86 children (32 boys and 54 girls) (mean age = 55.7 months, s.d. = 5.38), their mothers (n=86) and their teachers (n=24). All children had Greek origin and fell within a 'normal' range of ability. Children's referential listening skills were assessed with the Listening Skills Test. Mothers and teachers responded to questionnaires which evaluated children's exposure to play and shared learning activities in the classroom and within mother-child interaction.

Results: Young children exposed to a variety of experiential learning activities both in the school classroom and within their interaction with their mother, appeared to perform better in referential listening than children with poor experiential learning exposure. Additionally, experiential learning in the school and family context were found to be moderate but significant predictors of preschoolers' referential listening competence.

Conclusions: Findings expand previous evidence attesting to a link between comprehension monitoring and aspects of cognitive and psychosocial development in young children.

P516 The association between maternal and paternal reflective functioning and quality of mealtime interaction in families having children with and without feeding disorders

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Parental reflective functioning (PRF) refers to a parent's capacity to reflect upon his/her child's internal mental experiences. To support a child's autonomy and growth, parents must have an understanding of their child's inner experiences, such as feelings, wishes, and motives. The current study investigated the links between PRF and mealtime interactions using three well-known coding systems – Chatoor's Feeding Scale, Biringen's Emotional Availability Scale, and Meins' Mind-Mindedness – with families having children with and without feeding disorders (FD). Higher levels of PRF were hypothesized to be associated with less conflict and struggle for control

and more sensitivity and nonintrusiveness during mealtime interaction. Similarities and differences between the FD and comparison groups and between fathers and mothers were examined. Sixty-five children (1-3 years old) and their parents participated. Parental mind-related comments were coded during mealtime and playtime. Preliminary results revealed that mothers who used more appropriate mind-related comments during mealtime and during playtime exhibited less conflict ($r=-.35$, $r=-.28$, $p<.05$, accordingly) and struggle for control ($r=-.34$, $r=-.28$, $p<.05$, accordingly) during mealtime. Furthermore, maternal PRF, as observed during mealtime, was also related to higher maternal sensitivity ($r=.42$, $p<.05$) and nonintrusiveness ($r=.28$, $p<.05$) during mealtime. As for fathers, their behavior during mealtime was only related to PRF as observed during playtime, but not during mealtime. Specifically, fathers who used more appropriate mind-related comments during play were more sensitive ($r=.56$, $p<.05$) and nonintrusive ($r=.30$, $p<.05$) and had fewer struggles for control ($r=-.27$, $p<.05$) when feeding their children. No significant difference was revealed between FD and control groups in any of the measures. Results indicate that the more parents understand and verbalize their children's inner experiences, the better they relate to their children during mealtime. Moreover, the different pattern of results seen for fathers and mothers highlights the need to further understand father-child interactions during mealtime.

P517 Child oriented family therapy in a local unit of child and adolescent mental health in Norway

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Introduction: Child Oriented Family Therapy is developed to promote the child's perspective in family therapy (Soltvedt, 2005; Haug, 2014). Child Oriented Family Therapy is inspired by theoretical perspectives from family therapy, psychotherapy and environmental therapy.

Aim: The main focus of the therapy is to promote attachment and self-esteem through child-parent interaction. The therapy is based on play as the child's natural way to express its emotional and behavioral state.

Description: The child and its parents are playing together in a sandbox. Several figures representing the family, animals, houses, cars and fences are provided to be chosen by the individual family member and taken in to the play. The therapist's role under the session is to give supervision when needed. It can be done by taking direct part in the play or at the organizational level. The play sessions are videotaped, and the tape is basis for a separate therapeutic session with the parents.

Clinical experiences: Child Oriented Family Therapy promotes reflective processes over interaction, relationship and each family member's role in the family. The play is mirroring the child's inner state, and how the family interact together. The play brings playfulness and creativity in to the family therapy, and clarifies the child's perspective.

P518 Treating foster families at the start of placement

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Introduction: The FFI has been designed as a preventive intervention to be used a few weeks after placement in foster care. It is designed to help foster carers get to know their infant or toddler and it helps to develop the relationship in a secure way. Very young children tend to react with avoidant behavior when placed in foster care. This seems to be a natural reaction, but also neglect or maltreatment may be of influence. Foster carers often do not know why the child reacts this way or what they can do to help the child feel more secure.

Aims: The FFI helps the foster carers to learn more about the behavior of the child, how to interpret subtle signals and how to cope with these signals using a.o. mindful parenting techniques.

Workshop: In the first half of the workshop participants will learn to interpret interactions between foster carers and children, they will also learn how to focus on certain aspects of the interaction in a therapeutic way and work with the technique of video-reflection. Recorded interactions will be used to train participants. The second part of the workshop will focus on the various aspects of the budding relation between foster carer and foster child. The FFI consists of six sessions. Each session focuses on a specific element of the relationship. This will be explained with examples of video recorded interactions. In the FFI attachment related themes are introduced by using drawings of possible interaction styles. We developed these drawings to help foster carers learn more about their child. The significance of these drawings will be discussed as well as its usability. we will conclude with some results from a RCT with 123 fostercarer/foster child dyads

P519 Parent-child interaction as foundation for early motor development

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Introduction: Parent-child interaction (PCI) has historically not been considered the primary context for early motor development as it has for the development of language and cognition. The paucity of research on PCI during early motor performance leaves the field without empirical data to guide early intervention particularly for clinical populations of children with motor development delays. The purpose of this study was to determine the feasibility of assessing PCI in the context of treadmill induced infant motor performance.

Aims: The aim was to demonstrate the feasibility of assessing the relationship between responsive/non-responsive maternal interaction during supported stepping on a treadmill and the number of steps.

Material and methods: Participants were 4 mothers and their typically developing 8-10 month old infants who were cruising 1-5 steps but not yet walking. The design was a balanced, two interaction conditions four sequence crossover design. PCI was scored with the NCAST Parent Child Interaction – Teaching Scale during a natural teaching task and during supported treadmill motor activity. For the motor context, the dyads were randomly assigned to 1 of 4 interaction sequences with and without parental responsiveness for 60-second trials of infant stepping on a treadmill. All interactions and step frequencies and step types were scored from videotaped data collected at 60Hz.

Results: Dyads scored within the NCAST-PCI-TS range for high education mothers with children < 12 months during the natural teaching task. Infant scores were low during the non-responsive treadmill trials while scores during the responsive trials were comparable to those during the natural teaching task. The number of infant steps did not decrease during the non-responsive trials.

Conclusions: It was feasible to score interaction during this treadmill situation. Focus on the interaction did not disrupt motor activity. PCI is a feasible focus for future interventions for early intervention for motor delays.

P520 Mother-child interactions in preschool children with excessive aggressiveness and in healthy dyads

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Childhood aggression is a serious mental health concern. Aggressive behaviors that begin early, and displayed frequently in multiple contexts are often stable over time. The development of conduct problems must be found both in the mother's manner of relating to her infant and probably in a reciprocal discordant early relationship. The purpose of this current study was designed to evaluate characteristics of their reciprocal relationship. The subjects of the clinical sample were 70 young children (M= 3,5 years) referred by paediatricians, and childrens' psychiatrists in French-speaking Belgium. The children showed excessive aggressiveness both in family and in kindergarten. Exclusion criteria include pervasive developmental disorders and premature birth associated with very low birth weight. To compare with healthy dyads, a group of 80 children (M=3,5 years) was recruited in kindergartens. Mothers and children completed a 15-minute free play period. To assess children's and mother's behavior, we used the « Rating Scale of Interaction Style » of Clark & Seifer (1983), adapted by Molitor & Mayes (2010). Clinical mothers attempted to engage in a give and take interaction and were genuinely interest in interaction less frequently than nonclinical mothers. They interrupted the continuity of the interaction or intruded on the child's activity more often than nonclinical mothers. Clinical mothers sometimes showed criticism and disapproval about child's performance. Clinical children intentionally communicated with the mother and initiated bids less frequently than nonclinical children. In the clinical group, child's oppositionality was more often exhibited. Clinical children were less frequently responsive to mother's bids. Significant relations were found between mother's behaviors and child's behaviors. Many characteristics of a discordant mother-child relationship were found. Results are concordant with a transactional perspective highlighting the reciprocal influence of child and his/her environment during early childhood. Results will be discussed in terms of their implications for clinical intervention.

P521 Maternal resolution of the child's ASD diagnosis in early childhood and in early adolescence: Relationships with maternal emotional availability

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Background: Receiving a diagnosis of ASD for one's child is a painful experience for parents, and requires realigning of thoughts, feelings, and expectations regarding the child. Such realignment, also referred to as "resolution" of the diagnosis, is necessary for providing caregiving that is matched to the child's needs. Resolution is therefore hypothesized to foster maternal emotionally-available behavior towards the child. Since parents continue coping with raising their child with ASD throughout the child's development it is important to assess the association between resolution and emotionally-available behavior at different developmental stages.

Objectives: To examine continuity in mothers' resolution of the ASD diagnosis of their children over time and whether mothers' resolution is related at each stage to the emotional availability of the mother-child dyad.

Method: 34 boys diagnosed with ASD and their mothers participated in the study. Mothers' resolution of their children's diagnoses (assessed using the *Reaction to Diagnosis Interview*) and mothers' emotional availability (assessed using the *Emotional Availability Scales*, applied to three

play interactions) were administered once when the children were in preschool (ages 32-69 months), and the second time when they were in early adolescence (ages 10-15 years).

Results: Resolution tended to be stable between time 1 and 2 ($p=0.04$). At both time points, mothers who were resolved were more sensitive to their children's signals, structured their interactions better, and were less intrusive and hostile towards their children, than mothers who were unresolved. Additionally, children of resolved mothers were more responsive to mothers' suggestions and tended to involve their mothers, more than children of unresolved mothers. These associations held over and above the effects of the severity of children's diagnosis and level of functioning.

Conclusion: These findings stress the importance of helping parents come to terms with their children's ASD diagnosis.

P522 Study on individual and relational developmental patterns in visually impaired children

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Background: Literature has stressed out the importance of the first adult-child interactions, considered as the human being cognitive-behavioral and affective-relational development foundation. Shared glances and mirroring in each other eyes above all, operate as the first mean of exchange within the triad.

Aims: The research aims to analyse: a) blind children cognitive and psychomotor development b) parents' characteristics, competences and difficulties c) quality of parents-children interactions. In particular, the study focuses on the interactive dynamics observation between blind children and their parents, comparing them with those of a control group in order to investigate differences and find new ways to help families.

Method: Including criteria are: 1-36 months of age; visual impairment: 0-1/20 visual acuity; no other disabilities. Fifteen children have been selected over a two years period. A fifteen children control group has been studied as well. Instruments used are: Reynell-Zinkin Scale, Millon Clinical Multiaxial Inventory, Multidimensional Scale of Perceived Social Support, Parenting Stress Index, Family Adaptation and Cohesion Scale, Parent Development Interview. A newly developed 'clinic observation grid' has been used to evaluate the parent-child free-play interaction quality through the analysis of a twenty-minutes video showing a playing situation.

Results: The data collected until now do not show particular criticalities in the parents self-report-questionnaire area. However, great interest outcomes have been arisen in the playing area, where every family has shown common difficulty elements such as: continue toys offer preventing dynamic interactions to develop; partners overlap; lack of communication exchange turns; poor body contact; attempts to educate through the playing moments.

Conclusions: Preliminary results allow us to hypothesize that such interaction difficulties, observed in every family, cannot be a consequence of parents' characteristic or problems: these observations can be better lead back to a complex mutual interactive circuit of difficulties induced by blindness itself.

P523

Parents and babies 'mental health in a social context, multiculturalism and precarity

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Introduction: The author, paediatrician, makes a clinical research on the parental support in a Red Cross 'refugees Center in Brussels. The framework is an academic certificate coordinated by the UCLs' Laboratory for a prospective Anthropology. We propose to demonstrate the narrative and supporting dimensions of the Neonatal Behavioral Assessment Scale.

Purpose: An aspect of prevention concerning babies and parents misses at the place where the societal logics of the host world meet cultural differences from a multicultural population concerned with traumatic 'exiles, precariousness and the lack of a common language. In a field investigation we propose to demonstrate the narrative potential of the NBAS in a parents and babies supporting process according to the anthropological participant-observer model. It becomes a life narrative method support with our interlocutors. We tend to ethnography closely as possible three situations of NBAS evaluations with sub-Saharan mothers and their babies into a refugees' Center.

Description: The Center, situated nearby a hospital, accommodates mainly mothers with their babies. We choose three situations among nine. Djounaba flees Guinea Conakry, her early circumcision and forced marriage. Mamadou, her baby, born in Belgium, may not be affiliated into his mother's genealogy because of his parents' forbidden interethnic union. Family Akpfana with, Lucien, three years old and Naël, the baby born in Belgium leaves a Togolese dictatorship. Buba flees Burkina Faso, its witch trials on account of her four miscarriages and her husbands' incidental death. In Belgium, drugged and raped in a prostitution ring, she gives birth to Leila.

Conclusion: In the three chosen clinical situations, with the babies, the NBAS plays a go-between's role facilitating the course of the parents' 'life stories. As their babies, they talk about themselves and they say their exiles. The narrative dimension of the scale and an increased well-being progressively and clearly appear.

P524 Intervention program that encourages parent-child interaction in the waiting room of a child development center

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Introduction: Parent-child interaction has a significant influence on the developmental path of a child. Studies have shown that two factors adversely affect the frequency and quality of parent-child interaction: low socio-economic status (SES) and a child with special needs. Child development centers provide therapy for children with special needs. Prior to the therapy, children and parents wait in the waiting room.

Aims of the study: The purpose of the current study is to present a pioneer early intervention program that encourages parent-child interaction in the waiting room of a child development center, and to evaluate its efficiency.

Material and methods: The intervention program included reorganization of the waiting room in the child development center by providing prompts to encourage parent-child interaction. Examples include interactive posters with children's songs, games, books, etc. 97 parents from low SES, whose children receive therapy in the child development center, were recruited for the study. The data was collected by questionnaires to determine the opinions of the parents and by

observations of their behavior in the waiting room with their children. The parents were divided into 2 groups: before the intervention and during it, in order to compare the changes.

Results: In the quantitative analysis of the parents' opinions, there was a significant increase ($p < 0.01$) in the frequency of the parent-child interactions in the waiting room. The qualitative analysis of the opinions and the observations supported these results.

Conclusions: Based on our findings, the waiting room is a space that until now was mostly ignored and in fact should be utilized for encouraging parent-child interaction. Despite the short period of the study, there was already an increase in the parent-child interactions, which can eventually have a positive effect on the child's development. In the future, using this intervention program can help identify at-risk families.

P525 The Play-Pab and its validation in a preschool psychiatric population

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With community samples, parent behavior can be assessed in standardized mother-child interaction situations with the observational instrument Lab-PAB by Wilson und Durbin (2012) with respect to five dimensions (Involvement, Positive Emotionality, Hostility, Intrusiveness and Discipline). We examined an adaptation of Lab-PAB for non-standardized free-play interaction situations (Play-PAB version) with a preschool psychiatric sample. We examined the internal consistency, interrater reliability and dimensional structure of the Play-PAB and its associations to the clinical relationship assessment scale PIR-GAS from DC:0-3R. Interaction sequences of 47 parent-child dyads who were treated in our Family Day Clinic were evaluated at admission with the Play-PAB, in addition to the PIR-GAS-rating. Each instrument was rated by two independent raters. We report means, standard deviations, internal consistencies and the interrater-reliability for each of the five Play-PAB scales. Furthermore we examine if the scale intercorrelations are reasonable in comparison to the original version. Finally, the associations to PIR-GAS are presented. The Play-PAB scales reflect sufficient variation of parenting, good internal consistencies and satisfactory interrater reliability. The adaptation shows psychometric properties that are comparable to the original version. The scale intercorrelations as well as the associations to PIR-GAS are reasonable. The Play-PAB is a promising instrument for assessing different aspects of parent behavior in a preschool psychiatric sample, with meaningful associations to parent-child-relationship quality.

P526 Cross-situational analysis of mother-child-interaction with externalizing children in the age of 3-6: A controlled experimental study

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Introduction: The influence of maternal behavior in the maintenance of externalizing behavior disorders is well examined (e.g. Achenbach et al., 1987; Metsapälto et al., 2001; Snyder, 2005). However, little is known on the role, situational characteristics play in inconsistent, unpredictable maternal behavior in mothers of children with or without externalizing behavior problems. Mothers that are more susceptible to situational characteristics may present more inconsistent, variable behavior which might evoke insecurity and emotional stress in the child that in turn is coped with through externalizing behavior

Aim of the study: Our aim is to investigate maternal behavior in varying interaction situations with their preschool child (aged 3-6 years) clinically diagnosed with externalizing disorders compared to nonclinical mothers-children dyads across three experimentally controlled play situations. We hypothesize that mothers of children with externalizing disorders are showing more context-specific behavior compared to mothers of children without externalizing behavior disorders.

Material and methods: Mother-infant dyads ($N = 30$ clinical mother-children pairs $N = 30$ healthy controls) are videotaped during three 5-minute play situations including free play with stuffed animals, play with a wooden train, and completing an etch-a-sketch task. Mother-child interaction is rated with the Laboratory Parenting Assessment Battery (LAB-PAB) including the scales involvement, positivity, hostility, intrusiveness, and discipline. PIRGAS was used as a relationship screening.

Results and Conclusions: Findings may point out the relevance of context-dependent inconsistencies and incoherencies in mothers interacting with their children suffering from externalizing disorders. According to the results the need for more thorough inclusion of situational aspects in resource-oriented therapy and conception of adaptive parental behavior interventions will be discussed.

P527 The neonatal behavioural observation (NBO) in home visits: promoting quality in early relationships.

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Introduction: The NBO is a neonatal behavioural observation system designed to achieve a shared discovery (parents and clinicians) of the newborn's individuality, innate temperament and singular communication signs. It is a powerful tool in the construction of a therapeutic alliance between parents and professionals.

Aims of the project: To facilitate and enrich the insight that, spontaneously, parents have about their baby and to support the meaning they attribute to their baby's communication signs. Namely when a first child is born this approach enhances the foundations for a secure attachment. The NBO in home visits fosters the complementarity between the health system and a follow-up observation centred in the family's psycho-emotional wellbeing, focused on their natural environment. It guarantees care and support continuity, especially considering families at risk. Home visiting is the place for a relational, dynamic and systemic intervention model.

Description of the work: Scheduled home visits took place with a certified NBO professional and a nurse in the first fortnight after birth. Team work and shared observation of the baby and family dynamics were accomplished, namely by listening to parents and helping them to listen to their baby. Nurse's standard evaluation and NBO application were completed respecting the rhythms, curiosity and concerns of both parents and newborn. Environmental conditions, such as light, temperature, emotional climate and the presence of other family members were also considered. Further home visits took place with mothers from psychosocial risk contexts, during the first months after birth, with a certified NBO professional and a social worker. This home visit program, inspired in the Touchpoints model, was specially developed to promote mother-infant interaction.

Conclusion: The NBO helps the newborn parents to read their baby and to learn about the baby's temperament and about themselves, preventing situations that could compromise the baby's innate tendency for integration.

P528

Relationship aspects and symptomatic patterns in a clinical sample of children

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Introduction: The issue related to how the early relationships impact on the development of psychopathology in infancy and childhood or vice versa is hard to investigate. An answer is not possible yet but the study of reciprocal influences is crucial.

Aim: The aim of this study was the assessment of symptomatic aspects in clinical children, relationship's qualities with the caregiver and the evaluation of correlations between these aspects. It was also evaluated the impact of traumatic experiences on the children development.

Material and methods The sample is composed of 196 children (0 to 5 years, average age 46 months) with different clinical diagnosis. Symptom aspects were measured through the CBCL, compiled by the parents, and C-TRF, compiled by the clinician. The relationship with both caregivers, mother and father, was evaluated by the clinician with the Parent-Child Relationship Scale (P-CRS). General and clinical information on patients and clinician has been collected with the Clinical Data Form.

Results: Significant differences were found between the diagnosis of children and relationship issues (P-CRS), as well as with the syndromic scales (CBCL and C-TRF). Additionally significant correlations emerge between the P-CRS scales, CBCL scales and C-TRF scales. Finally, it was interesting to note that the growth of children's ages is related with relationship problems but not with symptomatic pattern.

Conclusions: The study highlights how these children are characterized by clinical symptoms, internalizing aspects and externalising behaviours, as well as by difficulties in the relationship with the caregiver. Furthermore early traumatic experiences affect relational aspects. These evidences show the importance of the parent-child relationship's assessment from the early stages of development.

P529 Multimodal communication in early mother-infant interactions: an analysis of interactive sequences at six months of life

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Introduction: Maternal behaviours during the interaction with infants affect infant's socio-emotional development (Sroufe et al., 2005). This interaction can be seen as the result of the combination of many communicative behaviors which play different functions. For example, the intonation of maternal speech conveys positive emotions, while look towards the infant supports keeping and sharing attention (Beebe et al., 2012).

Aims of the study: The aim of this study is to explore the effects of each maternal communicative modality both singularly than in association with the others in a multimodal perspective. This perspective reflects the real complexity of the early mother-infant exchanges, organized in specific patterns from the first moments.

Material and methods: Twenty-three mothers and their 6-months-old infants have been video-registered in free-play interactions. The behaviours of both mothers and infants have been coded second by second with a micro-analytical coding scheme properly made, including several communicative modalities: gaze direction, vocal productions, touch, play with hand and face

expressions. Data were analysed with GSEQ (Bakeman, Quera, 2011), a software for sequential analysis.

Results: Sequential analysis highlights that the effects on specific infant's responses are strengthened by the simultaneous presence of maternal behaviours belonging to different communicative modalities. For example, odds ratio shows that when the mother play with hands and speaks to her infant, he/she responds vocally and tuning into attentional level. Each maternal behavior considered individually doesn't produce these effects.

Conclusions: This study underlines how specific associations between different communicative maternal modalities enhances positive responses in infant. Therefore, these results suggest that clinical observation of mother-infant interactions should assess not only which behaviours the mother acts but also if she is able to provide rich and stimulating input.

P530 A cognitive model of maternal sensitivity

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Introduction: There is substantial evidence that maternal mental health problems can have an adverse impact on the mother-infant relationship through reduced maternal sensitivity to the infant's state. It is important to understand why interactions between mothers and infants may be poorer in women who have postnatal mental health problems.

Aims: This presentation proposes a cognitive model of maternal sensitivity in which cognitive biases towards specific infant emotions are a possible explanation for the poor sensitivity displayed by mothers with mental health difficulties.

Description: The cognitive biases proposed in this model take the form of unconscious and conscious biases. The unconscious processes the model refers to are; accuracy of recognising different infant emotions, the processing of different infant emotions, and attentional biases towards specific infant emotions. The conscious biases that this model refers to are the appraisals a mother makes of her infants emotions or behaviour and the way a mother perceives her relationship with her infant. Finally, the model predicts that the way a mother perceives infant emotions will impact how her infant responds to adult emotions.

Conclusions: This model is consistent with previous research and provides a cognitive explanation for reduced maternal sensitivity in mothers with postnatal mental illness. Results of preliminary studies testing this model will be presented.

P531 The impact of early parent-child interaction on the transition to school

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Introduction: Emotional Availability in the parent-child dyad has been shown to be a predictor of a variety of child outcomes, e.g. attachment security (Easterbrooks & Biringen, 2000; Altenhofen et al., 2013) and superior emotional control in a challenging situation (Little and Carter, 2005). Furthermore, Biringen et al. (2005) demonstrated that higher mother-child EA in the year leading up to kindergarten predicted lower child internalizing and externalizing problems, and problems during the transition to kindergarten. In this longitudinal study we investigate if the Emotional Availability within parent-child-dyads in a diapering situation has a positive impact on the child's emotional and social experiences in their first years of elementary school.

Aims of the study: Our study aims to show that the quality of very early parent-child interactions has positive effects on the child's later school experience. We investigate if there are specific long-term effects for mothers and for fathers.

Material and methods: A non-clinical subsample of approximately N= 25 fathers and N= 30 mothers was videotaped during a diapering interaction with their 4-month-old child. Videos were coded by a blinded and reliable coder with the EA Scales (Biringen, 2008). In the Follow-up at the child's age of approximately 7 years, the child's emotional and social experiences in their first years of elementary school was assessed with the FEES 1-2 (Rauer & Schuck 2004). We also investigate the impact of intelligence (WISC-IV; Wechsler, Petermann & Petermann, 2011) and the current attachment status (GEV-B; Gloger-Tippelt, 2009).

Results: Preliminary data will be presented as we are still collecting data from the follow-up.

Conclusions: We discuss the effect of the early parent-child dyad's quality on the child's social and emotional school experience in their first years of elementary school.

P532 Developmental trajectories of early mother-child interactions and extra-dyadic interactions with a new social partner

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Introduction: Mother-child interactions during feeding/playing support the development of the infants' social communication abilities (Meins, 2011; Stern, 1995; Biringen, 2000). However, the relations between the quality of these interactions and toddler's social communicative competencies in extra-dyadic interactions have been rarely explored (Fadda, Lucarelli, Parisi, 2014).

Aims of the study: We investigated longitudinally the interconnections between mother-child interactions and child's communicative abilities in extra-dyadic interactions with a new social partner. Our ongoing research is supported by grants from PRIN 2013/2016-20107JZAF4, Italian Ministry for Education, University and Research (MIUR).

Material and Methods: Mother-child interactions during feeding and playing were examined in 20 dyads, using the "Feeding Scale" (Chatoor et al., 1998; Ammaniti et al., 2006) and "Play Scale" (Chatoor et al., 1997) procedures to show interdyadic differences. Moreover, we analyzed the socio-communicative abilities of the toddlers with a new social partner using the "Early Social Communication Scales" (Mundy et al., 2003). The dyads were evaluated at T1 when the children (19 M) aged between 9-22 months (mean age=14 months; SD=3), and after 6 months at T2.

Results: The results indicate dynamic and transient interdyadic differences over time. 27 % of the dyads that showed a functional interaction at T1 (high dyadic reciprocity and low dyadic conflict) showed an interactional dysfunction at T2 (lower dyadic reciprocity and higher dyadic conflict). 44% of the dyads that showed a dysfunctional interaction at T1 showed a functional interaction at T2. Moreover, at T1, the infants belonging to dyads with transient interactional dysfunction were significantly lower in Responding to Joint Attention (RJA) in interaction with a new social partner, compared to the infants belonging to dyads with functional interaction ($t(17) = 2.7$; $p < .05$). At T2 these results were confirmed.

Conclusions: This follow-up study showed a stable relation over time between mother-child interactions and child's social communicative competencies.

P534 Intergenerational transmission of the effects of substance abuse – treatment implications for child psychiatry

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Introduction: A history of family substance abuse can seriously disrupt the caretaking abilities of parents in ways that may have far-reaching consequences, and children growing up with insufficient parental care may bring this deficiency into their own parental behavior.

Aims of the study: To identify risk factors for suspected parental malfunctioning in women referred to treatment in an infant and toddler intervention program.

Material and Methods: One hundred and twenty-six mothers completed self-report questionnaires, including the HADS, ASRS, AUDIT and DUDIT, pertaining to problems in their family of origin and own health problems. The index group was defined as women who reported substance abuse in their family of origin (n=35). The comparison group was defined as women who denied substance abuse in their family of origin (n=91).

Results: The index group had more often experienced their own parents' divorce, traumatic life events, and reported earlier substance abuse of their own. They had significantly more symptoms of depression and ADHD, and lived more often as a single parent. These are all factors that separately or in combination may have a negative influence on the ability to build up sensitive parenting.

Conclusions: Female offspring of substance-abusing parents were an especially vulnerable group of patients. These findings should be useful for health professionals and for the development of interventions built on predictable structures. To prevent the intergenerational transmission of alcohol and drug abuse it is important to identify parents with pronounced needs and to give them targeted treatment and support at Primary Health Care Centers and Child Psychiatric Clinics.

P535 Hope and fear: focusing on the positive while working with intergenerational trauma - integrating video interaction guidance and psychoanalytic psychotherapy in work with parents and infants

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Introduction: Therapeutic work with parents and infants aims to promote mentalisation in the parent, and attachment security in the infant (key to resilience). Work often takes place in the context of family stress and adversity. We bring to our parenting of our children unresolved issues from our past (the 'ghosts in the nursery', Fraiberg 1975); hopefully, we also bring 'angels' (care-receiving, loving memories) as agents of positive influence (Lieberman, 2005). There is a complex interaction between parental representations of the infant/child and difficulties which manifest in the parent-infant relationship. Parental mis-perception, non-attunement and limited capacity for mentalisation can lead to a negative cycle of mutual rejection and emotional distancing; this is damaging to the infant's social, emotional and cognitive development, and painful for the parent who is struggling with hopes and fears in relation to their infant/child.

Purpose: Psychoanalytic parent-infant psychotherapy involves identifying factors contributing to the presenting difficulties, including parental mental health and inter-generational transmission (the 'ghosts' and 'angels' in the nursery). The aim is to explore in the room the dynamic of the parent-child interaction within the context of an emotionally containing relationship with the therapist.

VIG is a method which aims to improve communication and relationships. Parents/carers are supported by a VIG Practitioner to view and discuss short edited clips of 'best moment' interaction with their infant/child. Through this process parents become aware of, and build on, their skills in attunement.

Description of the work: This Teach-in presents clinical work by a Child Psychotherapist in Bristol Child and Adolescent Mental Health Services who is training in Video Interaction Guidance (VIG), and seeking to integrate VIG with the psychoanalytic approach.

Conclusions: Both VIG and psychoanalytic psychotherapy work towards increasing parent/carer mentalisation and attunement. An integration of the two approaches may offer 'the best of both worlds'.

P536 Infant emotional self-regulation strategies at 18 months: An interactional perspective based on dyadic experience

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Introduction: The interactional co-regulation processes within the dyad in the first year of life promote the development of adaptive self-regulation strategies in the second year of life.

Aims of the study: The main objective of the present study is to analyze the emotional self-regulation strategies used by 18-month-old infants with their mothers in a highly structured and difficult play situation.

Material and methods: Subjects in the study were 60 children and their mothers who participated in a research project, in Valencia (Spain), that were recruited in a sanitary setting. The children were assessed at 18 months. Infant attachment was measured using the Strange Situation Test (Ainsworth et al., 1978). Both mother and child participated in a highly structured situation, where dyadic self-regulation strategies emerged. Parent interactional behaviors, like acceptance of child proposals for interaction, rhythm of turn taking, emotional state, clear instructions, reflection and adaptation to child interests, and infant self-regulation strategies were assessed through the Children self-regulation Scale (EAI-N) and the Parent Self-regulation Scale (EAI-P).

Results: Preliminary results indicate that those children, whose mothers structure the instructional context in a sensitive way and help their child to manage positive and negative emotions during the task, use more adaptive strategies in their regulation of their emotions in the stressful situation.

Conclusions: Secure attached children show more adaptive self-regulation strategies.

P537 Maternal and paternal sensitivity at 6, 12 and 18 months in a play situation with their baby: Parental Sensitivity Scale (PSS)

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Introduction: Most studies about early interaction between caregivers and their infants include only mothers. Although fathers play an important role in the development of their children, research on father-child interaction is rarely observed.

Aims of the study: The aim of the present study is to analyze differences and similarities between fathers and mothers in their interaction with their baby.

Material and methods: In the current study, parental sensitivity, synchrony and mind-mindedness were evaluated in 10 fathers and 10 mothers, in a 5 min semi-structured play interaction with their child. This was done at 6, 12 and 18 months of age, using the Parental Sensitivity Scale (PSS), a new assessment tool created for this goal.

Results: Findings revealed that fathers and mothers rendered similar levels of sensitivity to their babies at 6, 12 and 18 months; no differences were observed in the quantity of synchronic interactions and mind-related comments. Synchrony is highly related to sensitivity at 6, 12 and 18 months in both mothers and fathers. Mind related comments define maternal sensitivity during the first year, whereas mind-related comments start to relate to father sensitivity at 12 months.

Conclusions: The Parental Sensitivity Scale (PSS) is an observational tool that operationalizes two specific parental sensitive dimensions: synchrony and mind-mindedness, related to the physical, emotional and cognitive needs of the child.

P538 Contribution of maternal and paternal sensitivity at 6, 12 and 18 months to child's development

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Introduction: Most studies about early interaction between caregivers and their infants include only mothers. Although fathers play an important role in the development of their children, research on father-child interaction is rarely observed.

Aims of the study: The aim of the present study is to analyze the contribution of maternal and paternal sensitivity to child development.

Material and Methods: In the current study, parental sensitivity, synchrony and mind-mindedness were evaluated in 10 fathers and 10 mothers, in a 5 min semi-structured play interaction with their child. This was done at 6, 12 and 18 months of age, using the Parental Sensitivity Scale (PSS), a new assessment tool created for this goal. Child Development was assessed with the Gesell Developmental Schedule (Gesell and Amatruda, 1985).

Results: Findings revealed that fathers and mothers rendered similar levels of sensitivity to their babies when observed at 6, 12 and 18 months. Furthermore, at 6 months of age maternal synchrony correlates with appropriate developmental outcomes in the child ($r = .642, p \leq .05$). At 12 months, fathers ($r = .794, p \leq .05$) have a fundamental role, as well as mothers ($r = .716, p \leq .05$), in child development.

Conclusion: Synchrony is highly related to motor and socioemotional development, stimulating the organization of behavior, turn taking, acceptance and cooperation. Mind-related comments, which are associated to the insight of infant mental processes, are highly related to cognitive, adaptive and language development.

P539 Development of relationships in the Amae as seen from Japanese mothers and infants: A longitudinal study from 4 months to 1 year old

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We, who are responsible for the health examinations of infants, hope to work out a system of preventive intervention in early relationship disorders. In Japan there is rooted an original culture. This is the concept of "Amae", where interpersonal relationships are unlike those in western culture, in that human relationships are made by "individual to individual"; a sense of "existence with others" in one psychological space. When considering the future of Japanese infant mental health, we must learn from Japanese mothers and infants to develop knowledge of infant mental health. As a beginning idea, we present a report of the video record of mother-infant interactions of 7 pairs. We videotaped in Tochigi which developed as a separate town on the edge Tokyo. Pastoral landscapes and commercial areas are intermingled there. We recorded a scene of only

vocal interaction by 4-month-old babies in their home or in the playroom. After that, at 8 months we recorded a separation scene from their mothers. At one-year we recorded the separation-reunion scene by the "Strange Situation" method. This was carried out while participating in infant observation. Most of the mothers were passive when talking to their babies and they complained of discomfort. By contrast they coaxed their baby vividly with body contact. At 4 months, while talking to their babies face-to-face, gaze avoidance was frequent, but attention to the mother and vocalizations increased when the mother was talking to others. We suppose that the babies might more easily identify with their mother when there was an active and lively human environment rather than in one-one relationships. This might be the prototype of "Amae". Each couple had a specific rhythm, timing strength to interact; very unique and diverse. The babies individual characteristics continued even as they grew up. More information will be published on the day poster.

P540 Relative contributions of child and parental psychopathology to the developmental course of the coparenting relationship

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Introduction: The relationship between two parents with regard to their child (coparenting) is a risk factor for later psychopathology in children and poorer outcomes in parents. Research has suggested this relationship is multi-directional, yet less is known about the relative contribution of parental and child psychopathology to the coparenting relationship. Understanding the developmental course of this relationship is critical if we are to understand the underlying processes and pinpoint the key areas for clinical intervention.

Aims: To examine the relative contribution of child and parental psychopathology to the quality of the coparenting relationship during the first two years of life.

Materials and methods: 192 families were recruited from two maternity units in the United Kingdom. Data were collected at three time points; when the child was 3, 12, 24 months of age. Child temperament/behaviour problems, parental mental health and parent-child interactions were assessed at all 3 time points, and the coparenting relationship was assessed at 24 months through interactions recorded in the home and coded using a new triadic interaction scale.

Results: Detailed assessments of mother-father-child interactions were available for 155 families. Preliminary analyses show clear associations between mother-infant and father-infant interactions and child behavioural problems at age 2 years, with some longitudinal prediction from early parent-child interaction to later child behaviour. Coding of the coparenting relationship is underway. Hierarchical logistic regression analyses will be used to examine associations between parent and child psychopathology at 3 and 12 months and the coparenting relationship at 24 months. Full findings of these analyses will be presented.

Conclusions: Analysis of the coparenting relationship will allow for further conclusions to be drawn with regard to the relative contribution of parental and child psychopathology to the coparenting relationship.

P541 Prenatal maternal anxiety and depression reduce early mother-newborn interactions

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Introduction: Experiments have convincingly demonstrated that prenatal maternal anxiety and depression affect early programming of brain functions and behavior disorder in offspring. Early poor mother-newborn interactions is likely to key for child development disorders and adult behavior problems. Prolactin is linked to the onset and maintenance of maternal behaviors which is crucial to build up a good early mother-newborn interactions.

Aims of the study: To determine whether an association exists between prenatal maternal anxiety and depression and early mother-newborn interactions and to examine the change of maternal serum cortisol and prolactin.

Material and methods: With interviews, the 14-item Hamilton Rating Scale for Anxiety (HAMA) and the 24-item Hamilton Rating Scale for Depression (HRSD) to assess hospitalized pregnant women waiting for delivery. 255 cases were recruited: 124 were diagnosed with mild anxiety and depression (n = 124), severe anxiety and depression (n = 11), and control group (n = 120). Within 14 days of life, Neonatal Behavioral Assessment Scale (NBAS) and Maternal Attachment Inventory (MAI) were used to assess mother-newborn interactions. Maternal serum prolactin and cortisol were determined using Chemiluminescence analysis and radio immunoassay method.

Results: The significant differences were found between mothers with anxiety and depression scored lower in MAI as well as higher serum cortisol and lower serum prolactin and the control ($p < 0.001$). The infants of prenatal maternal anxiety and depression had significantly lower score in NBAS (to mother's face, voice, face and voice) than the controls ($p < 0.001$).

Conclusions: Prenatal maternal anxiety and depression reduce early mother-newborn interactions associated with maternal higher cortisol and lower prolactin, especially in maternal depression.

P542 Improvement of NBO model intervention on early mother-newborn interactions with prenatal maternal anxiety and depression

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Introduction: On the basis of our previous study that maternal higher cortisol and lower prolactin were involved in maternal anxiety and depression which associated with early poor mother-newborn interactions, it is necessary to find an effective and cost-effective intervention means. Newborn Behavioral Observations (NBO) is an approach to provide an infant-centered relationship-based model of behavior observation.

Aims of the study: To determine whether an association exists between the intervention of NBO model and the improvement of early mother-newborn interactions.

Material and methods: With interviews, the 14-item Hamilton Rating Scale for Anxiety (HAMA) and the 24-item Hamilton Rating Scale for Depression (HRSD) to assess hospitalized pregnant women waiting for delivery. 255 subjects with anxiety and depression were selected. Within the

postnatal 2 weeks, Neonatal Behavioral Assessment Scale(NBAS) and Maternal Attachment Inventory(MAI) were used to assess mother-newborn interactions. The subjects were randomly divided into two groups: mother-newborns who agreed to cooperate with the doctor and regularly complied with NBO intervention were assigned to intervention group(n = 95) and mother-newborns who didn't accept or comply with NBO were control group(n = 40).

Results: After NBO performed for 4 times, the intervention group scored higher in MAI and NBAS(to mother's face , voice , face and voice) than that in the control group ($p<0.001$) . Mothers in the intervention group had higher prolactin and lower cortisol than that in the control group ($p<0.001$) .

Conclusions: This study suggests that NBO is an efficient, cost-effective, relationship-based intervention method for improving early mother-newborn interaction with maternal anxiety and depression as well as increased maternal serum prolactin .

P543 The observation of triadic family interactions with the Lausanne Trilogue Play (LTP): which influences and trend from pregnancy to the preschool age?

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The systemic-relational perspective by Fivaz-Depeursigne and Corboz-Warnery (Lausanne Trilogue Play) and Belsky's model of parenting constitute a valuable theoretical and methodological framework to observe family interactions. Few researches have investigated the development of the quality of family interactions adopting the LTP and a longitudinal approach; besides available results are inconsistent. The present study aims to investigate: a) the developmental patterns of observed mother-father-child interactions from pregnancy to preschool age b) the influence of dyadic satisfaction and father involvement on the quality of triadic interactions longitudinally. 103 families were observed at pregnancy, 4th, 9th, 12th, 18th month of child's life and at preschool age (36th-48th month), with the LTP (prenatal and postnatal), together with two self-report measures investigating marital quality (Dyadic Adjustment Scale; Spanier, 1976) and father involvement in childcare (Father Involvement Questionnaire; Frascarolo, 1994). Data were analyzed through a multilevel approach, in order to highlight the developmental trend and influencing variables. Data indicate that future parents' interactive capacities showed during pregnancy influence postnatal triadic relationships. Moreover, the quality of family interactions increases from pregnancy to preschool age. Father involvement and dyadic satisfaction differently contribute to family interaction quality and its trend over time. Higher levels of father involvement predict a higher quality of interactions between mother-father-child. Dyadic satisfaction shows a deterioration over time, which is inversely associated to the quality of observed interactions. The improvement of the quality of early family exchanges represents a valuable result given the role of family interactions as developmental matrix for child's socio-emotional development. Moreover, fathers involvement in childcare can be considered a particularly important resource for the family, exerting its positive influence from the earliest stages of child's life.

P544 Surviving the loss in the families of infants

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The presentation gives three clinical examples of treatment to support the attachment process in parent-infant relationships in families during loss and mourning, exploring how to work through and contain unthinkable pain and strengthen the emotional bond between infant and parents.

P545 Emotion Understanding and Internal State Language in Early Parent-Child Interactions

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Within the preschool years, parents promote certain developmental milestones such as children's ability to discuss the mental states of themselves and others and gain an understanding of other minds (Bronson, 2000). Children's capacity to label, recognize and understand emotional expressions and experiences of others has been related to the quality of their school adjustment, academic success (Denham et al., 2012), behavioural self-regulation (Salisch, et al., 2015), social behaviour as well as their interpersonal and peer relationships (Izard et al., 2001; Harden, Morrison, & Clyman, 2014). In contrast, deficits in this ability often referred to as emotion knowledge have been associated with problematic internalizing and externalizing behaviours (Kujawa et al., 2014; Heinz et al., 2015). The aim of this study is to examine the way in which mothers and fathers independently facilitate an emotion task with their preschool aged children. Eighty parents (40 mothers and 40 fathers) were given 12 cards with pictures of children's facial expressions and were asked to talk about the cards with their child. These interactions will be transcribed and coded based on a scheme adapted from previous studies (Roger, Rinaldi, & Howe, 2012; Denham et al. 1992; Van der Pol et al., 2015). This scheme will examine the extent to which parents utilize scaffolding techniques such as prompts, requests or questions as well as internal state language (discussion of emotional, physiological or cognitive states) throughout the emotion task. Finally, this study will examine whether or not the way in which parents facilitate the task relates to their perceptions of their child's self-regulation difficulties, specifically externalizing and internalizing problems as rated by the BASC-II. It is hypothesized that parents will differentially facilitate the task depending on their perceptions of their child's internalizing and externalizing difficulties. Our discussion will explain our findings in relation to their practical implications and provide recommendations for those working with children and their families.

P546 An early intervention for relationship disorder using Communicative Musicality: facilitating mutual anticipatory behavior

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Introduction: As Justin D. Call mentioned "anticipatory approach behavior", an infant approach the breast or bottle with an anticipation by the age of four days. This was regarded as an earliest process of adaptation to his mother. Communicative musicality (hereafter CM, Treverthen and Malloch) shows the musical reciprocal interaction between mother and infant. This phenomenon is also formed with an anticipation of infant. But if a mother has some pathological problem, she can't read baby's anticipation well and perform stable and accurate affect attunement.

Aims: We attempted to detect early signs of mother-infant verbal and nonverbal communication by microanalysis based on CM theory to intervene precisely and effectively.

Description: Subjects are a 35 year-old mother with untreated anorexia nervosa and her first baby boy (1 month). This dyad was referred as a high risk emergency case to our infant mental health division. She complained that her baby rejected her. His growth was inadequate. With mother's consent, I recorded all sessions using video cameras. For acoustic analysis we used Time Spectrograph using WS5160 (by Onosokki). In the first session, the baby gazed away from his mother throughout feeding. Her care was mechanical. But when I analyzed the video recording, I found sleeting moments of CM right after telling me her painful story. Gradually in the

following sessions, she could build up his vitality reading his anticipation although she couldn't use eye contact and mothersere. In the 8th session, I could detect the moments of balanced CM. We reviewed the sessions, she could confirm that their relationship had much improved.

Conclusions: CM is an "anticipatory behavior" which can be analyzed by spectrograph. Many Japanese have a phobia for other's eyes and are frightened prejudice. CM theory yield a fair and useful therapeutic intervention for such Japanese too, and lead to clinical evolutions.

P547 How depressive mood affect emotional availability among mothers of infants at 3-4 months?

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Introduction: Many studies have suggested that maternal depression impair infant psychosocial development. This effect may be explained by decreased maternal interpersonal functioning, such as emotional availability. In this study, we focused on the relationship between maternal depression and maternal emotional availability.

Aims of the study: The aim of this study was to examine the relationships between depressive mood and emotional availability among mothers of infants at 3-4 months.

Material and Methods: The subjects were 12 primipara mothers of 3-4 months infants (5 boys and 7 girls). They were recruited at obstetrician's offices and midwifery offices in Saitama Prefecture. They gave written informed consent to participate in this study. This study was approved by the ethics committees of Taisho University. The subjects were asked to complete Edinburgh Postnatal Depression Scale (EPDS) and to be interviewed about their relationships with their own mothers. We employed nine points as a cut-off point of EPDS. Then, the Japanese Version of IFEEL Pictures developed by Inoue KK et al. (1990) were administered to the subjects. The responses of IFEEL Pictures among the subjects were categorized according to the Nagaya's Relationship Assessment Categories.

Results: High EPDS group was consisted of three mothers scored nine points and above and Low EPDS group was consisted of nine mothers scored eight points and below. High EPDS group showed more responses of Simple Description of the Picture (SD) in IFEEL Pictures than Low EPDS group. Mothers who experienced warmer relationship with their own mothers showed more responses of Object Seeking (OS) in IFEEL Pictures than those who experienced colder relationships with their own mothers.

Conclusions: These results suggested that mothers' depressive mood and their cold relationships with their own mothers may affect their emotional availability with their children.

P548 Early parent-infant interactions and infant's development among fertile and subfertile parents

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Introduction: Pregnancies following Assisted Reproductive Technologies (ARTs) treatments are the positive outcome of demanding medical procedures. The psychological vulnerabilities that

often arise from ARTs experiences may negatively impact the parental ability to be emotionally attuned to their infants' needs, with potential consequences upon both infants' development as well as parent-infant relationship.

Aims of the study: This study investigated the role of parental interactive behaviors upon infant's development, comparing ARTs with natural conceiving parents.

Material and methods: Eighteen pairs of parents who conceived naturally and 15 pairs of parents who conceived through ARTs and their infants were involved in the study. At 3 months after birth, the quality of parent-infant interactions was investigated through the CARE-Index. Based on a 3-5 minutes videotaped free play interaction, the CARE-Index assesses parental Sensitivity, Control and Unresponsiveness, and infant's Cooperativeness, Compulsivity, Difficultness and Passivity. The Bayley Scales of Infant Development were used to test infants' Mental and Psychomotor Development. In order to have indications on the severity of relational problems, the parental dimensions of the Care-Index were categorized in high, medium, and low risk.

Results: Results from Univariate ANOVAs showed a significant interaction among parent's Sensitivity (high/medium/low risk), conception modality (ARTs/natural) and parental role (mother/father): compared to the other groups, infants with high risk ARTs mothers presented higher levels of Psychomotor Development ($F_{(7,65)} = 2.93, p < .05, \eta^2 = .80$). The same pattern was observed for Mental Development, though- the interaction did not reach significance ($p > .05$). Additional results will be presented as a physical poster at the conference.

Conclusions: The greater development of babies having ARTs mothers with low sensitivity may reflect the infant's efforts to beckon for mother's emotional attention, whose levels may stem from the emotional difficulties associated with the experience of infertility. Further studies are needed.

P549 Assessing the Quality of the Parent-Infant Relationship: A study into interrater reliability of the Parent-Infant Relational Assessment Tool – PIRAT Global Scales

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Introduction: The PIRAT Global Scales (Broughton & Hommel, 2014, 2015) are a short version of the Parent Infant Relational Assessment Tool (PIRAT, Broughton & the Parent-Infant Project, 2009; Broughton, Hommel & the Parent-Infant Project, 2014). PIRAT Global Scales were developed to assess the overall dyadic quality of the Parent-Infant Relationship from 0 – 2 years. They offer an easy-to-use, time-efficient coding guideline to observe and assess the dyadic quality of the parent-infant relationship and assess the overall level of concern and indicators of risk.

Aim: The research on PIRAT Global Scales' interrater reliability aims to evaluate the interrater reliability of professionals coming from various professional backgrounds on the basis of a 3.5 days training and establish PIRAT Global Scales' reliability.

Method: The pilot study into interrater-reliability used 30 video clips, and the reliability study used a further 40 clips, of mother-infant interactions at play taken from normative and clinical cases in the parent-infant psychotherapy RCT (Prof. Peter Fonagy, PhD, Dr. Michelle Sleed, PhD) at the Anna Freud Centre.

Results: Preliminary results have shown that PIRAT Global Scales can be used reliably by health professionals, based on a 3.5 days PIRAT reliability training, to assess the overall quality of the parent-infant relationship and to identify infants at risk in clinical practice (Hommel, Broughton & Target, 2014, 2015). Levels of interrater-reliability of 15 health professionals from different disciplines working with parents and infants are 'good' to 'excellent' (ICC, $p < .005$). Raters also

differentiated reliably between clinical and normative clips. Detailed results of the ongoing reliability study will be presented.

Conclusion: PIRAT Global Scales can be used reliably as an observational measure and a risk assessment tool on the basis of a 3.5 days reliability training by professionals from various disciplines. Implications for future trainings and further research will be discussed.

P550 Assessing the Quality of the Parent-Infant Relationship: A validation study of the Parent-Infant Relational Assessment Tool - PIRAT Global Scales

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Introduction: The PIRAT Global Scales (Broughton & Hommel, 2014, 2015) are a short version of the Parent Infant Relational Assessment Tool (PIRAT, Broughton, 2009; Broughton, Hommel & the Parent-Infant Project, 2014). PIRAT Global Scales were developed to assess the overall dyadic quality of the parent-infant relationship. They offer a time-efficient coding guideline to observe and assess the dyadic quality of the parent-infant relationship and assess the overall level of concern. Preliminary results have shown that PIRAT Global Scales can be used reliably by health professionals from different disciplines to assess the overall quality of the parent-infant relationship and as a screening tool to identify infants at risk in clinical practice (Hommel, Broughton & Target, 2014, 2015).

Aim: The PIRAT Global Scales validation study aims to establish PIRAT Global Scales' validity as an observational measure and a risk assessment tool to differentiate between normative and concerning relationship qualities compared to other measures of parent-infant interaction.

Method: The PIRAT Global Scales validation study uses a sample of 70 clinical and normative clips of mother-infant interactions from the parent-infant psychotherapy RCT (Prof. Peter Fonagy, PhD, Dr. Michelle Sleed, PhD) at the Anna Freud Centre. The quality of the parent-infant relationship assessed by PIRAT Global Scales is evaluated in comparison to well-known and widely used measures such as the Emotional Availability Scales (EAS) (Biringen, Z. et al., 2000) and Coding Interactive Behaviour (CIB) (Feldman, R., 1998), and measures of parental distress and reflective functioning and infants' attachment.

Results: The research findings of PIRAT Global Scales compared to a variety of other already well-validated measures will be presented. Concurrent findings and differences and their impact on the validity of PIRAT Global Scales will be discussed.

Conclusion: Concurrent findings and differences, and clinical implications will be discussed and the possibilities for further research will be outlined.

P551 Parenting interactions in children admitted with intoxication: preliminary study

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Introduction: Early and positive parenting interactions; especially mothers' parenting skills, are important for children's neurological and mental development.

Purpose of the project: The aim of the research is to determine the clinical features of the mother-child interactions in children admitted to the pediatric emergency care unit with intoxication.

Design: Cross-sectional study

Description of the work: Children from 1 to 5 years who were admitted to ED with poisoning were taken for the study. A questionnaire including infant-family characteristics and features how the poisoning occurred was used. Mother and child playing with toys together was video-recorded for 10 minutes and features of mother care were determined with Turkish Validation of the PICCOLO (The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes).

Results: During study period, 30 poisoned children (43.3 % male) were admitted and enrolled. The mean affection, responsiveness, encouragement and teaching scores were 11.3 ± 2.8 , 12.5 ± 1.8 , 11.5 ± 2.3 and 9.3 ± 3.4 , respectively. Of all, 43.3% had low affection scores, 43.3% low encouragement scores and 46.7 % low teaching scores, however, only 20.0% had low responsiveness scores.

Conclusion: Nearly half of parents had low affection, encouragement and teaching scores. Intensified educational programs for parents are necessary for a more efficient approach to children who have poisoning.

P552 An examination of mothers and fathers parenting behaviours and parent-child relationship quality: Linkages to early social and emotional functioning

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Introduction: Early childhood marks a unique period in the development of parent-child relationships, as parents take more active roles in helping their children fulfill their psychological needs in response to their developmental changes. Two critical ways in which parents promote healthy social and emotional development are through parental *behaviours* and *relatedness* (Pomerantz et al., 2007). The extensive body of research on parenting supports the view that certain types of parenting approaches are more effective than others for promoting optimal child outcomes (Baumrind, 2003). Nonetheless there are critical unanswered questions about parenting practices and child social and emotional development. One main limitation has been that the majority of parenting research is based on mothers' parenting. Thus, the main objective of the present study is to investigate how mothers and fathers uniquely and interdependently support their children's social and emotional development through (a) their own parenting behaviours and (b) relationship quality.

Methods: One hundred mothers and 100 fathers of children ages 3-4 participated. Parents completed: demographic information (e.g., parents' age, employment), self-reports of child-rearing practices (*Parenting Styles and Dimension Questionnaire*; Robinson et al., 2001), child functioning as assessed by the Parent Rating Scale-Preschool of the *Behavioral Assessment System for Children* (BASC-2; Reynolds & Kamphaus, 2004), and the Parenting Relationship Quality Questionnaire. As well, child-parent activities were observed with 40 families during home visits.

Results & conclusion: Regression analyses will be conducted in order to assess how mothers' and fathers' parenting contributes in similar and distinct ways to the promotion of children's social and emotional outcomes. It is expected that positive parenting (warmth, responsiveness) will be predictive of children's adaptive behaviours across activities (observations) and in self-reported data. Results from our research will have implications for parents, professionals working with families, and researchers interested in early positive social functioning.

P553 Mother and fathers parenting stress: Considering how different kinds of stress predict quality of early parent-child relationships

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Introduction: Despite an abundance of available information, parents today are often unsure and ambivalent about how they should parent. Contemporary parents report high levels of stress associated with parenting. Parenting stress has been associated with less optimal parenting (reduced sensitivity, affect), and has also been linked to maladaptive child outcomes (Coyle et al., 2002; Crnic et al., 2005). What has been neglected in studies on parental stress is to look at the differential components of the types of stress parents report, and the quality of parent-child relationships and self-reported parenting styles.

Aims of study: The purpose of the present study is to examine mothers' and fathers' reports of stress and the relationship to parent-child relationship quality and parenting styles, while considering child temperament.

Methods: One hundred families (100 mothers, 100 fathers) with children ages 3-4 participated. Parents completed: demographic information (e.g., parents' age, education, employment), self-reports of child-rearing practices (*Parenting Styles and Dimension Questionnaire*; Robinson et al., 2001), parenting stress (as assessed by the Parenting Stress Index, Short Form (PSI; Abidin, 2012), and parent-child relationship quality (*Parenting Relationship Quality*: PRQ; Kamphaus & Reynolds, 2006).

Results & conclusion: Regression analyses will be conducted in order to determine which kinds of stress (parent-specific stress or life event stress) are most predictive of parent child relationship quality. It is expected that parenting stress will be most indicative of lower parent-child relationship quality for both mothers and fathers. Results from our research will have key implications for parents, professionals working with families, and researchers interested in fostering early positive social functioning.

P554 Dilemmas of punishment and forgiveness for the infant, family, professionals and society when working with extreme cases of murder, suicide and infanticide

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Enormous feelings are aroused when adults break the fundamental and seemingly unbreakable rules of killing a mother, a father and a baby. These feelings are expressed in many different ways and can reverberate through professional and societal systems of health, mental health, child protection, justice and the media. This paper will explore the themes of punishment and forgiveness from the multiple perspectives of these systems and the emotional life of the infant, small child, and family. Two cases are used to explore the themes. The first case is one of psychological first aid provided by the Berry Street Take Two Program to a 3.5 year old seen after her mother was murdered by her father and her father immediately committed suicide. The second case was of a longer duration of a toddler and his twin siblings, one of whom was killed in the first weeks of life at the hands of their mother. Ongoing intervention was provided by the medical and mental health services at the Royal Children's Hospital Melbourne and other early childhood professionals. Targeted intervention about resuming contact was provided by a private Clinical Psychologist. The themes of punishment and forgiveness were key in both cases, the first primarily contained within the family and the second occurring throughout all aspects of the work and the systems that were involved in the case. In each case the therapists' capacity to establish

and hold a space for the infant and small child to wrestle with the need for punishment and forgiveness was key in the intervention. This could not have happened without appropriate space for the therapists to think, reflect and work through, and the role of supervisors and a supportive team is crucial.

P555 Feeding one's baby: a study of shared sensory exchange

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Introduction: At a psychodynamic level, the research aims to understand the process of sensory exchange between mother and child during feeding, during the first few days after the birth. These exchanges have begun in utero; in what manner do they continue when the mother feeds her baby by breast or bottle?

Aims of the study: Are there "maternal styles" in feeding babies such as those defined by Joan Raphael Leff ? Shall we also be able to witness "forms of dynamic vitality" ?

Material and methods: We meet mothers and new-born child during their first three days in maternity care. Procedure is to be as natural as possible.

- Observation of three feeding sequences, codified according to the Prague Newborn Behavior Description Technique (PNBDT) of Eva Sulcova. Observation and evaluation of the behaviour of both mother and baby during and after feeding. The study concerns both the psychic dimension and the physiological details of the process.

- A clinical interview.

- An appropriate questionnaire based on the Facilitator and Regulator Questionnaire (FRQ) of Joan Raphael Leff. The author has defined different parental orientations in the manner of conceiving adjustments required in respect of the baby.

Results: The personal story of the mother arises in the way she presents her body to the child. This time of feeding seems to us paradigmatic of the manner of « being with ». Each of the protagonists sends to the other sensory messages indicating feelings, comfort or discomfort, rhythm... but at the first few days all is in process of.

Conclusion: Feeding a baby is such mosaic of senses, attitudes, feelings, thinks...

Professionals around the family at the birth contribute to "affective attunement" when they favour knowledge and understanding of baby subject and when they support the sensitiveness of parents.

P556 The alarm distress baby scale for the assessment of infant social behavior in Nepali infants

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Introduction: Social withdrawal in infants may be an early sign of non-optimal development and a symptom of various conditions including physical illness, developmental disabilities and socio-emotional distress. In low to middle income countries, validated tools to gather standardized data on infant social behavior are scarce.

Aims of the study: To evaluate the psychometric properties of the Alarm distress baby scale (ADBB) and the feasibility of training personnel in scoring infant social behavior in a low to middle income Nepali study setting.

Material and methods: Four study personnel were trained and standardized to perform the ADBB assessment in malnourished infants 6-12 months old in a field trial in Nepal. Video recordings of infants in interaction with study personnel are scored with an additional 10% double scoring as quality control. At enrollment, we gather information from caregivers on socioeconomic status and ask questions from the HOME inventory on responsive and stimulating caregiving. The collection of data commenced in April 2015 and enrollment will last until April 2016 when we have reached 600 participants. Data are processed consecutively, and statistical calculation will start in April 2016.

Results: We will calculate the inter-rater agreement between the four study personnel. Scores will be evaluated in terms of distribution and cut offs in this Nepali study setting. Finally we will explore the association between ADBB and responsive and stimulating caregiving as assessed by the selected HOME inventory items.

Conclusion: Cultural aspects of the ADBB in this low to middle income Nepali population will be discussed, as well as the possibility to train and standardize personnel to collect valid and reliable data in a large field trial. Distributions of scores and cut offs will be considered. We will discuss the associations between the ADBB and the quality of parental responsive stimulating caregiving.

P557 Ways of being together: addicted mothers with their infants and young children found in groups of play, in a substance abuse treatment unit

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Introduction: Infants and young children of substance abused mothers often come unwelcomed in the world, exposed before birth in uterus to substances and maltreatment. They are more likely to be abused, neglected, and traumatized early in life, with negative outcomes for their development.

Aims: This work presents a form of early intervention to addicted mothers with their infants or young children that live in a substance treatment unit for almost one and a half year. Through the secure place of group meetings, an attempt is made to help the mother “see” and “know” her child, recognize the child’s needs, encourage mother’s responsiveness and spend quality time of being with each other and sharing with others in the here and now.

Description: The method of Infant Observation as was developed by Esther Bick in Tavistock Clinic is used, in analyzing and making sense of the material, which will be presented. Group members are free to play and explore, in a secure environment. They can interact, eat, talk, share and think with and about each other, as well as with other members –infants, children and their mothers. At the same time is taken into account the therapeutic environment of the substance treatment unit where mothers and children live.

Conclusions: The group gives a chance of free expression even in a negative way, as a place of holding. At the same time, it is a place of expression and creativity through play, not only for the young children, but also for their mothers who have missed their childhood years. It presents a good example of what is actually happening. Difficulties are presented, suggestions and queries are raised.

P558 Impact of an attachment based prevention program B.A.S.E.®-Babywatching. A program to counter aggression and anxiety and to promote empathy and sensitivity.

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Introduction: Psychological and neuropsychological results have demonstrated that the quality of early childhood and attachment experiences have an impact on the cognitive and emotional development as well as on the stress regulation system (Hüther, 2003). Furthermore the public has become increasingly aware of the problem of aggressive and violent children and adolescents (e.g. Solberg & Olweus, 2003, Scheithauer et. al. 2007). As a result, interventions that encourage sensitive attachment in professionals and children that foster socio-emotional strengths and empathy are needed. B.A.S.E.®-Babywatching - in preschool and school is a program to prevent aggression and anxiety, and to promote sensitivity and empathy.

Aims of the study: Evaluation and enhancement of an attachment based prevention program B.A.S.E.®-Babywatching in 3- to 11-year-old children in order to prevent and provide early assistance in dealing with problematic behavior and promote empathy.

Material and methods: A longitudinal and matched-pair design with two groups (intervention group, control group) was applied. The sample consists of 3 to 11 year old children (N=46). B.A.S.E.®-Babywatching was implemented in preschools (N=2) and schools (N=2) over the duration of 8 months. To evaluate children's empathy (GEM Dadds et al., 2008), aggression and anxiety level (CBCL 4-18 Achenbach, 1991) parents and professionals completed questionnaires pre- and post-intervention.

Results: A repeated measure ANCOVA has shown a significant group*time effect with an increase in empathy and decrease in aggression and anxiety from pre- to post- intervention in the intervention group compared to a decrease in empathy and stable aggression and anxiety level in the control group.

Conclusions: Significant positive effects of B.A.S.E.®-Babywatching in 3-11 year old children show that this group prevention program is beneficial for the children.

P559 Paternal antenatal bonding in assisted pregnancy

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Introduction: Bonding has been extensively studied in mothers but less in fathers, particularly in cases of assisted pregnancy whether IVF or otherwise

Aim: The aim of this work is to investigate bonding in expectant fathers comparing it among fathers of assisted pregnancy and normal pregnancy and how it correlates to depression in both groups

Material & methods: Eighty-five Egyptian expectant fathers, husbands of Egyptian wives attending private Gynaecology and Obstetrics clinics for regular follow up of an unthreatened pregnancy, were asked to fill the Maternal-Fetal Attachment Scale (MFAS) by Cranely, (1981) and Edinburgh Postnatal Depression Scale (EPDS) by Cox et al (1987)

Results: Fathers of assisted pregnancy scored significantly higher on bonding scale (82.4) compared to fathers of normal pregnancy (74.5) (p=.000). Also there was a significant negative correlation between bonding scores and both depression and age of fathers

Conclusions: Fathers of assisted pregnancies showed higher bonding. Paternal bonding in general correlated negatively with depression.

P560 Does noncompliance in toddlerhood predict externalizing problems later on?

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Introduction and aims of the study: Toddlers who exhibit noncomplying behavior are considered to be at risk for externalizing problems. At the same time, strivings for autonomy are typical for toddlerhood, thus some opposing behavior can be expected in normal development. In studying these conflicting ideas, we searched for “healthy” forms of noncompliance in toddlerhood. We used Kochanska’s (1995) taxonomy for assessing (non)compliance and examined whether noncompliance in toddlerhood predicted externalizing problems in middle childhood.

Material and Methods: Participants were 101 children (51% boys) from the Nijmegen Longitudinal Study. At 28 months, parents were asked to keep children from touching an attractive box (3min); coders rated (non)compliance and classified children into one of Kochanska’s two categories for compliance (i.e., Committed, Situational) or three categories for noncompliance (i.e., Passive, Overt resistance, Defiance). At age 9, teachers rated externalizing behavior problems (TRF; Achenbach, 1991).

Results: An ANOVA analysis revealed significant differences among the five categories for externalizing problems ($F(4,85) = 9.33, p = .00$). As expected, children in the Passive noncompliance ($M = 11.00$; $SD = 8.14$) and the Defiant ($M = 11.78$; $SD = 6.51$) group exhibited significantly more externalizing problems at age 9 than compliant children ($M = 2.94$, $SD = 5.96$ for Committed compliance; $M = 2.82$, $SD = 4.06$ for Situational compliance). However, children in the Overt resistance group ($M = 0.67$; $SD = 1.32$) did not. Instead, their externalizing scores were significantly lower than those of the other two noncompliant groups, resembling the scores of the compliant groups.

Conclusions: Our data preliminary suggest that Overt resistance, characterized by a nonaversive, socially skilled form of noncompliance, may be considered a healthy form of noncompliance, showing “autonomy with connectedness” (Emde & Buchsbaum, 1990; Sroufe, 1995).

P561 Early mother-child interactions in dyads with drug addicted mothers and children prenatally exposed to drugs

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Introduction: Drug addiction is considered a major risk factor for parenting and for child development. Addicted mothers are often described as less sensitive and less able to regulate negative affects during interactions. On the other hand, children prenatally exposed to drugs appear more likely to experience difficulties in interactive emotion regulation. Despite the large amount of studies on the detrimental effects of substance exposure on child development the outcomes appear sometimes controversial.

Method: The study aimed to compare the quality of early adult-child interactions in a group of drug addicted mothers and their children with a group of unselected dyads. 20 mother-child pairs (children aged between 12 and 36 months) with drug addicted mothers attending a rehabilitation program were coupled with 20 unselected mother-child pairs according to children’s age and gender. 20-minutes mother-child interactions were videotaped during free play and assessed

through the 4th edition of the Emotional Availability Scales (Biringen, 2008). The results were then compared in order to identify similarities and differences between the two groups.

Results: The results highlighted differences between the two groups, with “addicted dyads” showing lower scores on emotional availability with respect to the comparison group. Addicted mothers and their children seemed to experience more difficulties during interactions when compared to controls. The groups differed also in term of homogeneity of the scores, with the “addicted” one reporting more heterogeneous scores in the EAS.

Conclusions: Addicted mothers and their children are at higher risk for experiencing difficulties during everyday interactions. Anyway, the range of these difficulties appears highly variable across each case suggesting that some dyads might be more likely to be “protected” from negative interactive consequences associated with the condition of drug dependence. Clinicians should take into account these aspects when programming, implementing and assessing interventions.

P564 Lessons learned from delivering a relationship based parenting programme with incarcerated fathers

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There are around 7,600 children in Scotland affected by the imprisonment of a parent. Recent research has shown (e.g. Ramchandi et al 2013) that children with distant or remote fathers have more behavioural problems than their peers in later life. A lack of paternal responsiveness is also associated with indicators of poor child outcome, including social and academic impairments (Wilson & Durbin, 2010). Common parlance suggests that engagement with fathers is difficult and commonly unsuccessful. “When talking about parenting, services tend to mean Mother and child” (Clapton, 2013). Mellow Dads is a 14 week, full day attachment based, group work, parenting programme for vulnerable fathers and their children. It has been developed to support families with additional health and social care needs who are experiencing relationship problems with their children. The groups use a variety of interactive techniques including video feedback and draw on the psychological theories of attachment, social learning and cognitive behavioural therapy. Delivery of Mellow Dads in the community had delivered encouraging results in terms of engagement and outcomes for the family. In partnership with SPS (Scottish Prison Service), the Mellow Dads programme was adapted to be delivered in a prison setting for the first time. This workshop will share findings and lessons learned from the implementation of the programme in a prison setting. The session will provide practical solutions to overcoming barriers faced in the delivery of early intervention services alongside families affected by incarceration.

P563 Comparative analysis of term and preterm babies' behavior using the Neonatal Behavioral Observation System (NBO)

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Introduction: The Newborn Behavioral Observations (NBO) is a tool, which has been used as a strategy to recognize baby's behavior and individuality, encourage parents' involvement and self-confidence. It observes the autonomic and motor systems, organization of states and

responsiveness, identifying points which requires more attention from parents to promote the babies' full development.

Objectives: To compare the behavior of babies born full-term and prematurely using the NBO.

Methodology: The study included mother-child dyads admitted at Sofia Feldman Hospital (Brazil), between May and August/2015, that agreed to participate in the project. It was observed 18 behavioral and reflective items such as habituation to light and sound, muscle tone, rooting reflex, sucking, grasp, crawl, responsiveness to sound, voice and face, visual tracking, weeping and soothability. The responses are recorded on a 3-point scale. For analysis purposes, the weak and moderately strong responses were grouped to be compared to responses considered strong. The chi-square test was used to compare the behavior of term and preterm.

Results: We observed 171 babies, 54% were the mother's first baby, and 79% was exclusively breastfed. Gestational age ranged from 26-42 weeks, and 77% were born prematurely. The full-term newborns had a higher proportion of strong responses in items shoulder tone and neck ($p=0.001$), sucking reflex ($p=0.02$), reflecting crawl ($p=0.04$), visual orientation ($p=0.01$), soothability ($p=0.03$) and activity level ($p=0.005$). In the other items, no statistical difference was observed.

Conclusion: The full-term newborns behavior wasn't significantly different from that of premature infants. This result is especially important in the responsiveness items because it demonstrates the readiness of preemies to interact with their parents from the beginning of life. Premies will need more support to calm themselves than full-term infants. Items with significant differences are closely related to development of cervical tone, known to be weaker in preemies.

P564 Mothers' perception about the Neonatal Behavioral Observation System (Newborn Behavioral Observation - NBO) to better understand their newborn children

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Introduction: The Newborn Behavior Observation (NBO) has been used as a strategy for the recognition of behavior and individuality of the baby, encouraging the involvement and self-confidence of parents.

Objective: To know the perception of mothers on the contribution of NBO for understanding the newborn's behavior.

Methods: This project was conducted between May and October 2015 at the Sofia Feldman Hospital involving mother-child dyads admitted in this period, who agreed on participating. The NBO was introduced into the routine of the service to build a therapeutic alliance between professionals and families. While observing, health professionals discuss and guide families on various aspects of care for the newborn. After the session, mothers answered a questionnaire evaluating their experience with NBO and about their sociodemographic characteristics.

Results: 162 mothers answered a questionnaire regarding their experience with NBO. About 15% mothers were teenagers, studied an average of 9.38 ± 2.92 years, and 81.8% were the C, D, and E classes (criterion for economic classification). Half the mothers were primiparous, 40.7% were single, widowed or divorced and 77.1% of the babies were premature. In the view of mothers, the NBO was very helpful to understand: the baby's skills (67.1%), how it communicates through behaviors (61.5%), how to help it when it's crying (66.5%) and how to interact with it (68.3%). Mothers also reported that the NBO has done much to feel closer to their babies (69.2%) and to

feel more confident as mothers (70.2%), 66.7% said the NBO helped a lot in the relationship with the team. About 83.8% of mothers felt the NBO an excellent learning experience.

Conclusion: The application of NBO has contributed to understanding the baby's behavior and to strengthen the relationship between mother and health staff. The implementation of this approach daily promises to bring many benefits to families and their children.

P565 Stability of infant behavior patterns in the Face-to-Face Still-Face paradigm

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Introduction: Fuertes et al. (2006, 2009) found three styles of infant coping behavior in the Face-to-Face Still-Face (FFSF) paradigm with a Portuguese sample of healthy preterm infants at 3 months corrected age. In this study, we aimed to replicate these findings in a sample of full-term infants and to examine the stability of styles from 3 to 9 months.

Methods: 100 healthy full-term infants were assessed at 3 and 9 months, including infant behavior and heart-rate in the FFSF paradigm and mothers' reports of infant temperament. Infant behavior was coded with Infant Style of Behavior in FFSF Scale.

Results: Results replicated the Fuertes et al. (2009, 2011) findings. Three patterns of infant self-regulation and coping were observed: Positive other-directed, negative other-directed and self-directed. At 9 months, the heart-rate of babies in the positive and self-comfort styles increased from baseline to the still-face episode and decreased in the reunion episode. In the positive style, there was a partial recovery during the reunion episode, whereas in the self-comfort style a complete recovery was observed. In the negative pattern, the heart rate increased from baseline to the still-face episode and increased further in the reunion episode. Positive other-directed coping was the most prevalent pattern in both moments. A significant stability was found in the reaction patterns from age 3 to 9 months: 81,48% for positive, 85,71% for negative, 64,29% for self-comfort. Mothers' perceptions of infant temperament were unrelated to these self-regulation patterns.

Conclusion: Our results suggest that infants show organized patterns of interactive behavior and self-regulation from very early in their development. Individual variations in the still-face do not seem to be a function of infant characteristics, but a result of dyadic regulatory processes. The significant stability of the patterns contradicts studies reporting low stability of infant behavior in FFSF across time.

P566 The transmission of obesity

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Introduction: Maternal obesity has an impact on the mother-child relationship and on the woman's body image, body/food concerns. Early conflictual and controlling feeding interactions in the obese mother-infant dyad and poor emotional sensitivity during mealtimes may lead to infantile obesity.

Aims of study: In France, no evaluation and observational studies have been made on obese mother-infant feeding interactions.

1. Our study aims to better understand the transmission of obesity from obese mothers to infants, and add bulk to the hypothesis that dyadic emotional insensitivity, conflict and control are the predominant factors.
2. We want to investigate how the control factor encourages the child's passivity/inaction, affecting autonomy development and frustration management.
3. We want to observe the evolution of the body/food concerns of obese women during pregnancy and in the postpartum period, in a French sample.

Material and methods: Firstly, we assessed the eating disorders of 5 obese pregnant women and 5 non-obese pregnant women during the last semester of pregnancy using the EDE-Questionnaire. Secondly, feeding interactions in the dyads within the first five months postpartum were observed using Chatoor's observational feeding scale.

Results:

1. Dyadic reciprocity amongst the obese mothers-infants' early feeding interactions is poorer due to lack of verbal communication and emotional interactions. Dyadic conflict derives from obese mothers' need to control the feeding. Infants' cues are not always obvious to them, so they are dismissed.
2. The infants of obese mothers appear much more passive, silent and barely manifesting any signs of food refusal or emotions. Even avidity is sometimes missing.
3. Body/food concerns of obese women falter during pregnancy and five months after delivery.

Conclusions: Feeding is not synonymous to an interaction in the obese mother-child dyads in our study. Conflicts, control and lack of emotional reciprocity associate negative emotions to eating, inhibit autonomy development and frustration management.

P567 The instinctual behaviour of newborn infants and the importance of early skin-to-skin contact

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The first two hours following birth are considered to be a sensitive period for newborn infants. This period allows for the establishment of skills that are able to enhance infants' survival. Infants are born with a specific set of instinctual behaviours that lead to the initiation of breastfeeding. These instinctual behaviours can only occur if the infant is in the correct place, namely in skin-to-skin contact with their mother. When placed in skin-to-skin contact on their mother's trunk or chest directly after birth, an infant is able to locate and move towards the breast and self-attach for the first breastfeed. This early skin-to-skin contact allows for an easier transition for the infant from intrauterine to extrauterine life by stabilizing the newborn's respiration, maintaining optimal temperature, regulating blood pressure reducing hypoglycaemia, reducing the release of stress hormones, decreasing crying and promoting the quiet alert state. Skin-to-skin contact also promotes maternal-infant bonding and attachment both in the short and the long term. This early contact has been found to positively influence maternal sensitivity, maternal affectionate behaviour, mother-infant interaction and the duration of breastfeeding. Early skin-to-skin contact and the promotion of breastfeeding, which forms part of the WHO Baby Friendly Hospital Initiative, is considered a suitable and cost-effective means of reducing infant mortality and morbidity and supporting infant development. This is especially relevant within the South African context where infant and child mortality and morbidity rates remain unacceptably high.

P568 Father's brain is sensitive to childcare experiences

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Introduction: Although contemporary socio-cultural changes have dramatically increased fathers' involvement in childrearing, little is known about the brain basis of human fatherhood, its comparability with the maternal brain, or its sensitivity to caregiving experiences.

Aim of the study: The present study sought to examine the brain-hormonal-behavior basis of human fatherhood by utilizing a novel "natural experiment," afforded for the first time in human history by the formation of two-father families raising children with no maternal involvement since birth.

Material and Methods: We measured parental brain response to infant stimuli using fMRI, peripheral oxytocin, and parenting behavior in three groups of parents ($n=89$) raising their firstborn infant within partnered relationships: heterosexual primary-caregiving mothers (PC-Mothers), heterosexual secondary-caregiving fathers (SC-Fathers), and primary-caregiving homosexual biological and adoptive fathers (PC-Fathers) rearing infants without maternal involvement.

Results:

- Parenting implemented a global 'parental caregiving' neural network, mainly consistent across parents, which integrated functioning of two systems: *emotional-processing* network including subcortical and para-limbic structures associated with vigilance, salience, reward, and motivation, and *mentalizing* network involving cortical circuits implicated in social understanding, theory-of-mind, and cognitive empathy.
- PC-Mothers showed greater activation in *emotion-processing* structures, correlated with oxytocin and parent-infant synchrony, whereas SC-Fathers displayed greater activation in socio-cognitive circuits, associated with oxytocin and parenting.
- PC-Fathers exhibited high amygdala activation similar to PC-Mothers, alongside high activation of STS comparable to SC-Fathers, and functional connectivity between amygdala and STS.
- Among all fathers, amount of time spent in direct childcare was linked with the degree of amygdala-STS connectivity.

Conclusions:

- The current study provides compelling evidence for brain malleability with caregiving experiences in human fathers.
- Our results indicate that assuming the role of a committed parent and engaging in active care of the young may trigger this global 'parental caregiving' network in both women and men, in biological parents and in those genetically unrelated to the child.

P569 Influence of the quality of the triadic interaction mother-father-child between parental depressive symptoms and child social-emotional development

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Research consistently associated parental depression, especially maternal, with difficulties in the mother / father-infant interaction, flaws in the exercise of proper parenting, low sensitivity and increased hostility and intrusiveness in the encounter with the baby (Lengua & Barr, 2013). These difficulties are related to the establishment of secure attachment on the baby (Svanberg, Mennet, & Spieker, 2010), with more presence of emotional, behavioral and social problems in childhood (Gutierrez-Galve et al, 2015). However, making a causal link between parental depression and child outcomes is complex, because the presence and participation in the upbringing of the father and mother, social context, and other protective factors, often play a moderating role between parental depression and child outcomes (Tharner et al., 2011).

Goal: Describe and analyze preliminary results on the links among the quality of the triadic interaction between mother-father-child, parental depression, and the child's socio-emotional development.

Method: 50 mother-father-infant triads under 3 years old from Santiago, Chile. The variables included are: socio demographic aspects, depressive symptoms (Beck Depression Inventory), triadic interactions (Lausanne Triologue Play) and Social-Emotional Development (Ages and Steges Questionnaires social-emotional ASQ-SE).

Results: The preliminary results show that triads with conflict and disordered interactions present more frequency of parental depressive symptoms and delay in child social-emotional development. This study is currently in the first year of execution, more results will be available in May 2016.

P570 Preliminary results of the effect of a group intervention with video-feedback on positive parenting behaviors from preschoolers' mothers

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Preschool period involves critical transformations to children and caregivers. When periods of transformation are accompanied by a psychosocial risk environment, chances of adequate coping are greatly reduced (Roggman et al., 2008). Roggman et al. (2008) describe four types of positive parenting behaviors and specialized interventions have been developed to promote these skills and improve quality of dyad interaction. Video-feedback may be useful, but it is mostly used younger children and clinical settings (Gomez et al., 2008; Fukkink, 2008).

Goal: Describe and analyze preliminary results of the effect of a mentalization-based group intervention that uses video-feedback with preschoolers' mothers, compared with a control group.

Method: 50 preschoolers' mothers living in high-risk areas from Santiago, Chile. Mothers are evaluated pre-post- intervention and at 6 months follow up. Sample was characterized with a socio-demographic questionnaire and positive parenting behaviors was assessed with PICCOLO™.

Results: Mothers from experimental group have significant greater positive parenting behavior after intervention than mothers from control group. Preliminary profiles of mothers may describe best and worst progress in positive parenting behaviors.

Discussion: Seeing oneself on videos provides concrete and real situations to work with mothers. They can see themselves from outside to work on their own behaviors.

P571 Influence of variables related to mothers and children in mentalizing ability

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The theory of mentalization, a relational approach to early development, refers to the ability of parents to consider and treat the child as a psychological agent motivated by mental states, which critically influences child development (Kristen et al, 2012). This ability of parents may be influenced by child characteristics that make them more likely than others to cause positive or negative parental emotions (Dix, 1991). Studies show that both the characteristics of the child as mentalizing ability of parents affect the psychosocial development of children (Sharp et al, 2008).

Goal: The aim of this presentation is to describe the influence of some child's variables (temperament and gender) and mother's aspects (educational level and age) in mothers' mentalization.

Method: The sample is made up of 90 mothers with their children 12 months of age. It used a sociodemographic questionnaire, Parental Mentalization Scale, and Rothbart's Temperament Questionnaire (IBQ-VSF-R).

Results: The relationship between mothers' mentalization with mother's age and educational level as well as child's gender and temperament is presented.

Discussions: The influence of these variables on the ability of mentalizing and the implications they have in the promotion and intervention in infant's mental health is discussed.

P572 Effects of parents' prenatal marital distress on parent-infant relationship and social competence of the child

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Weak quality of early parent-child relationship is a known risk factor for child's later poor social competence. Marital distress, in turn, is shown to have both positive and negative effect on parent-child relationship. Our aim was to explore the effects of parents' prenatal marital distress on parental prenatal representations, early parent-infant interaction and child's later social competence. The study was part of a Finnish follow-up study called STEPS. The sample consisted of 153 married or cohabiting pregnant couples. Marital distress was evaluated with Revised Dyadic Adjustment Scale at 20 gestational weeks. Prenatal representations were assessed with the Working Model of the Child Interview and postnatal parent-infant interaction was assessed with the PCERA. Child's social competence was evaluated using the Multisource Assessment of Social Competence Scale at the child age of three. The mother's prenatal marital distress predicted dyadic mother-infant interaction ($p = < 0.001$) and child's social competence, but the mother-infant interaction did not predict child's social competence. The mothers' prenatal marital distress increased the child's impulsive and disruptive ($p = < 0.001$) behavior at the age of three years. The father's prenatal marital distress predicted the prenatal representation ($p = < 0.02$) and then the representation predicted the father-infant interaction quality ($p = < 0.01$). The

father-infant interaction, in turn, predicted child's social competence. The father's positive involvement in the interaction decreased child's impulsive behavior ($p = < 0.05$). A higher level of reciprocity in the father-infant dyad was associated with the child's better co-operation ($p = < 0.02$). The mothers' and fathers' prenatal marital distress seems to predict later child's social competence, but different ways. While the effect of the fathers' prenatal marital distress on the child's social competence seems to be mediated by the father-child relationship, the mothers' prenatal marital distress predicts directly the child's social competence.

P573 Prenatal risk and mother-infant interaction quality at 6 and 12 month

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Introduction: Early detection of mother-infant dyads at risk is important to prevent adverse outcomes. By using a newly developed observational screening instrument for assessing dyadic quality, *Relational Health Screen (RHS)*, associations between early risks and longitudinal development of interactional quality were investigated as part of the *Little in Norway*-study.

Aims of the study: The study aimed to investigate group differences in mother-infant dyadic quality at 6 and 12 months based upon a cumulative risk index ascertained early in pregnancy, and to investigate the longitudinal stability of dyadic quality in high- versus low-risk groups.

Material and methods: Participants (N=1036) were divided in high- (N= 82) and low-risk (N=954) groups based upon a cumulative risk index, with a cut-off point of 4 or more risk factors, early in pregnancy. Dyadic quality was rated by coded video observations of mother-infant interaction at two time points, 6 (N=826) and 12 months (N=668), by using RHS.

Results: Low-risk participants scored significantly higher on dyadic quality than high-risk participants at child age 6 months, and again at 12 months, with small to medium size effects. The stability of dyadic quality between 6 and 12 months was substantially different for the high-risk and low-risk groups, with significantly higher stability in the high-risk group.

Conclusions: Dyads at high-risk scored lower on interaction quality at child age 6 and 12 months, furthermore they evinced greater stability of interactional quality compared with dyads at low-risk. A clinical implication seems to be that dyads with increased prenatal risk are more likely later to have decreased interactional quality. They also seem less likely to change their interactional style over time, suggesting that early intervention for affected families is needed.

P574 Can screening replace in-depth assessment? A pilot study comparing Relational Health Screen and Parent-Child Early Relational Assessment

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Introduction: In-depth analyses of parent-child interaction can be cumbersome and cost-intensive. Screening instruments are more user-friendly and inexpensive, but may exclude important information or identify too many false screen-positive cases. Relational Health Screen (RHS) is a new screening instrument for assessment of dyadic interaction quality, but there are no studies in which RHS is compared to other interaction-classification systems. The present study

compares RHS and Parent-Child Early Relational Assessment (PCERA), a comprehensive coding system in which variables assessing dyadic quality conceptually similar to the RHS are included.

Aims of the study: Firstly, do the screener and the comprehensive coding system scores correspond? Secondly, in both RHS and PCERA, observed parent-child interaction problems are categorized into three defined levels. When applying both coding systems to a given set of cases; will the cases be encoded into corresponding categories?

Material and methods: In a sub-study nested within the “Little in Norway” study, 125 video-tapes of parent-infant dyads in a standardized free-play situation were analyzed using the RHS screener. All screen-positive ($n = 13$), all clinically suspect ($n = 11$), and six screen-negative video-tapes, a total of 30 tapes, were recoded with the extensive PCERA by a coder blind to the RHS-scores.

Results: RHS-scores did correlate positively with all PCERA domains ($r = .61 - .78$, $p < .001$). All screen-positive and clinically suspect RHS-cases were also identified with the PCERA. Within the group of screen-negative cases, results were mixed. Four RHS screen-negative cases had some specific interactional issues identified with the PCERA, but no severe problems.

Conclusions: The two instruments corresponded well. However, PCERA supplemented RHS by identifying some specific interactional difficulties not captured by RHS. It will be discussed in what contexts it is appropriate to apply screening instruments and when one should use an in-depth approach.

P575 Response-based care can help parents with infant sleep

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Introduction: Healthy neurological regulatory systems form the foundation for optimal development. Infant sleep interventions often focus on nonresponsiveness to infants' signaling [crying] during transition to sleep to encourage infants' self-regulation and increase total nighttime sleep duration. These recommendations for infant care may place infants' development of regulatory capacity at risk.

Aims: Will supporting parents' focus on infants' sleepiness cues and responsiveness to infants have the same positive impact on infants' sleep duration as that reported with nonresponsive interventions, such as controlled comforting or camping out.

Methods: Participants were 34 mother-infant dyads enrolled in a residential response-based sleep intervention program. Synchrony of parental response to infant needs and behaviour was reinforced during preparation for and the transition to sleep across the 4 day/4 night program. Mothers' and infants' salivary cortisol were collected at wake, initiation of sleep routine, and sleep transition during program days and one post-program day. Mothers completed the Edinburgh Postnatal Depression Scale (EPDS), Depression, Anxiety, Stress Scale (DASS) at admission. Infant sleep, settling, and overnight wake times were recorded.

Results: Hours of sleep increased for both infants whose mothers scored above and below the level of clinical significance for symptomatology on the EPDS. Mothers' DASS anxiety score was positively associated with infants' hours of sleep on Day 3, 4, and Home based on correlational analyses, and mothers' DASS score at intake was predictive of greater increase in infants' hours of sleep at Home measure. Analyses of salivary cortisol levels for mothers and infants will be completed for presentation.

Conclusions: Encouraging attention to infants' sleepiness cues and supporting responsive care was associated with increased total hours of sleep. Increased infant sleep hours were found for

infants whose mothers were identified with higher levels of anxiety at program intake and for both those mothers with symptomatic and nonsymptomatic EPDS scores.

P576 Working with parent to better their child's sleep. Empowering parents

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Introduction: Outcomes evaluation of a parent-practitioner partnership, emphasizing empowerment of parents, will be presented. The program provides services for parents who identify their infants as sleep-disturbed infants.

Aim: The presentation provides evaluation of the theoretical framework for supporting parents with infant sleep behavior by focusing on knowledge of the individuality of the child, empowerment of parents, and individualized care within a family-care context. The structure of this clinical program will describe the role of the practitioner and family members in forming a partnership where each person contributes to the treatment protocol.

Method: The parent-practitioner program provides multifaceted services. The practitioner listens actively and empathetically to the parents. Their concerns and problems are recognized as real. The parents and nurse learn about individuality of the child and the practitioner provides information about the child's developmental needs. The practitioner informs parents about how to support the child's self-soothing capacity, as well as regulate rhythmic daily activities such as feeding and sleeping. Sensitive topics that emerge during interviews are discussed, such as depression of a parent and difficulties in relationships.

Results: Key importance in the treatment protocol is the infant's individuality which guides the conception and execution of the treatment plan. Qualitative analyses identified *Empowering parents* as the most common intervention tool. Education played a large role. Behavioural intervention was less practiced than expected. Environmental interventions were surprisingly often powerful and easy to use. Two cases will be presented and will include description of how day sleep correcting influences quality of night sleep and how infants' temperament influences the choice of intervention.

Conclusion: Parent-practitioner partnerships provide opportunity to bring together infants' developmental needs, parents' expectations, and supportive approaches to care. The program evaluation evidences success in helping parents create sleep environments suited to the infant and family.

P577 Biocultural model exploring SIDS and inconsolable crying

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Introduction: We present a testable model suggesting lack of developmental synchrony between cortical and sub-cortical neural tracts necessary for breathing control underlying human vocalization (speech breathing) potentially leaves infants vulnerable to SIDS and inconsolable crying. We examine the implications of parent-infant separation and absence of breastfeeding as further contributing to this vulnerability.

Aims of study: An earlier model forwarded by McKenna (1986) proposed infants' vulnerability to SIDS was associated with infant's emerging speech breathing skills represented in a transition from one to two neural-breathing (and vocalizing) control sub-systems (one supporting volitional and one non-volitional respiration). Expanding this model, we propose two breathing control

glitches in the maturational timing of the critical neural networks promoting continuous, fluid breathing across different infant sleep and wake states as increasing vulnerability.

Description: In relation to SIDS, we posit the cortex fails to receive a signal from ponto-medullary structures, including from immature chemoreceptors needed to arouse the infant so the infant can willfully control taking of a breath to terminate an apnea. This same lack of synchrony leaves human infants unable, while crying, to disassociate their voice from their breath leading the two temporarily to become functionally bound. We propose this is further attenuated by delayed maturation of the neurological pathways supporting infants' cry circuit (Newman, 2007). Based on the environmental contexts supporting the development of speech breathing and respiration, we examine how prolonged separation from caregiver, sleeping alone or absence of breastfeeding can further increase vulnerability. We explore the role of parent presence in supporting resolution of the neurological issues underlying inconsolable crying, with presence and sensory engagement potentially contributing to the development of the immature neural networks involved.

Conclusion: The physiology of the risk proposed here further substantiates the importance of parental presence as a protection for infants during this time of development.

P578

Infants' perceptions of maternal technological distractions: is mothers' phone use generating the still face effect?

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Introduction: Cellphones are an integral part of parents' daily lives. Research exploring how these devices impact parent-child relationships is limited. Initial research identifies caregivers as being absorbed in cellphone use while supervising children (Hinkler, 2015; Radeskey et al., 2014), limiting engagement with children.

Aims: This research investigates infants' reactions to mothers' cellphone use using a modified Still Face (SF) procedure.

Methods: Participants were 3- to 6-month-old infants whose mothers owned a cellphone. Mother-infant dyads completed a modified SF procedure where mothers texted on their cellphones while maintaining a neutral expression. Infants' behavioral reactions were videotaped; infants' salivary samples were collected to assess cortisol response to the modified SF procedure. Mothers' reported the nature and frequency of cellphone use.

Results: Infants exhibited outward signs of distress associated with the SF (e.g. crying and making reengaging attempts) based on analyses of SF video recordings. Salivary cortisol levels are being analyzed and will be reported at the time of the presentation. It is hypothesized based on the behavioral responses and existing literature that infants' will experience elevated infant salivary cortisol levels, signifying a negative physiological responses to their mothers' phone distractions. Initial surveys measuring mothers' frequency and attitudes of use, for the first 10 participants suggests mothers primarily use their phone to send/check for texts and e-mails, reporting to check several times an hour. Mothers were least likely to report spending time playing games, playing only once a month. Mothers' reported strongly agreeing with statements that it is important to be able to access the Internet and any online information at anytime.

Conclusions: Results are consistent with mothers' texting as associated with similar infant responses to the traditional SF procedure. Mothers' reports of cellphone use were consistent with current research on device use.

P579 Research presentation

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24 mothers were interviewed in depth when their children were 42-54 months with the Parental Development Interview (PDI-RII Slade et al., 2003) to assess PRF and 17 of the original sample were videotaped in a 15-minutes free interactive play situation and assessed with the Play Interactive Scale (Duhalde et al 2010). The results indicated that Mothers presented: 37.5% PRF Questionable/Low, 45.8%, PRF Ordinary and 16.7% PRF Marked. There was a positive correlation between the Convergent Mode of interaction and the level of symbolic play, and between PRF and dyadic mode of interaction. Parallel play and divergent interactive mode were higher in mothers with low PRF. Affective dysregulation signs were more frequent in children whose mothers show low PRF and were less frequent in children showing high symbolic play.

P580 Clinical presentation of the parental consultation model

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These results indicate the need for a therapeutic intervention aimed at supporting PRF. The PCM is an evaluation tool that also functions as a brief therapeutic intervention in which the clinician functions as a consultant to (1) identify parental concerns about the child's behavior, (2) demonstrate through video feedback the relationship patterns underlying these behaviors, and (3) scaffold the parents' empathic understanding of their child's behaviors, recognize realistic goals for their child, and collaborate with the clinician in a therapeutic plan.

P581 Dysregulation signs in play and symbolization in preschool children

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The impact of dysregulation signs observed in parent-child play interaction will be discussed. Based on research and clinical observations the relationship between dysregulation, like reject expressions, complains, impulsiveness in the play scene, parental reflective function and the level of symbolization will be presented. Symbolization was assessed through the categories of functional play and simple and complex symbolic play. Reflective mothers seem to be more attuned with the affective display and playing agenda of their children and show greater disposition to follow sensitive transitions between playing modes, accompanying the child's own exploration, avoiding disrupting interruptions.

P582 Sequential Analysis of Shape Flow Facial Patterns Among 12-Month-Olds Correspondent to Maternal Dependency and Self-Criticism: A Microanalytic Application of the Kestenberg Movement Profile

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The study of infant self-regulation through the microanalytic lens of *self-contingency*, or the predictability of a person's behavior over time, during mother-infant interaction, has yielded important findings regarding the effects of maternal depression (Beebe et al., 2007, 2008; Beebe, Lachmann, Jaffe, et al., 2012; Reale, 2011). Elements of a systematic nonverbal assessment tool derived from movement language – the Kestenberg Movement Profile (KMP; Kestenberg, 1975) – were employed to expand upon these findings. Specifically, the shape flow facial patterns of 71 infants, during face-to-face interaction with their mothers when they were 12-months of age, were coded frame-by-frame. Frequency analyses identified trends between specific types of infant facial movements and maternal depressive vulnerability, as assessed by the Depressive Experiences Questionnaire (DEQ; Blatt, D'Aflitti, & Quinlan, 1976), while lag sequential analyses, using the Yule's Q, identified relationships between infant self-contingency across sequences of facial movement and maternal DEQ scores. The findings support dyadic and dynamic systems models, underscore the significance of sequence in movement, and illustrate the sensitivity and versatility of the KMP for future research.

P583 Emotional availability, parent-role, maternal personality, and infant temperament: Factors influencing the mother-infant dyad

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We examined patterns of emotional availability among mothers and their 8 to 16 month-old infants. Included are important factors from the mother-child dyad: the child's temperament, and the mother's personality, considered individually and as combined, together with mothers' perceptions of their parent roles and their emotional availability. Infants and mothers participated in videotaped 20-minute free-play sessions rated using the Emotional Availability Scales-4th Edition (Biringen, 2008). The sample consisted of 36 mother-child dyads, recruited from within the New York City area. This entailed a first comparison between self-attribution of parenting behaviors associated with valuation of roles, and direct observation of parenting behavior. Mothers who value perceiving infants' communication, matching responses to infants' needs, and displaying positive affect toward infants were found to display authentic affect, accurately read infant signals, and respect the infant need for autonomy with successful, proactive structuring and scaffolding. Early constitutionally based differences in children (i.e., level of positive emotionality) evoked different parenting responses from caregivers with different personality characteristics, i.e. maternal neuroticism. The higher infants' emotional availability, the lower their positive affectivity and regulatory capacity; younger infants had mothers who were higher in sensitivity and nonintrusiveness, and themselves displayed more responsiveness to their mothers.

P584 Integrating a psychoanalytically-framed view of the body and movement with empirical study of patterns of behavior in the mother-infant dyad: The KMP in developmental research, theory and practice

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Current theoretical and scientific contributions to the interface of bodily and psychic processes, and to the unfolding of embodied intentionality, shared affects, attachment processes, intersubjectivity, vitality, and intergenerational transmission can build upon the at-times overlooked legacy of Judith Kestenberg. The Kestenberg Movement Profile (KMP) offers a quantitative tool alongside thoroughgoing psychological and psychoanalytic formulations linked to the encoding and decoding of kinesic attributes. Drawing on Laban's insights into movement manifestations of "inner intention," Kestenberg's astute developmental observations are reviewed regarding self-regulatory functions of tension-flow and shape-flow (linked to drives, primary affects and early relational comforts/discomforts and attractions/repulsions) as well as to the gestural and postural patterns bearing on defenses and masteries (in movements in space, weight, and time) structured by relational patterns (moving through spatial dimensions and planes). Research regarding the movement of both infant and mother in dyadic interactions finds theoretically coherent correspondences between adult/parent movement patterns and personality features, between infant movement patterns and temperament, and between dyadic functioning, emotional availability, and additional measures of parent stress and parent-child early relational assessment. The utility of a language-of-movement is underscored. Movement features associated with either parent or infant mental states offer empirical evidence of how such states are conveyed, and movement patterns of the 'other' may reflect evidence of how one's state is absorbed by the other within the mother-infant dyad. Reciprocal influences are demonstrated, and implications for internalizing and identificatory processes, as well as for clinical assessment and intervention (framed across domains of psychoanalytic parent-infant psychotherapy and dance/movement therapy) are described.

P585 Integrity of Parent's Brain in Infancy Supports the Development of Children's Social Competencies

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Background: Animal studies indicate that the cross-generational transmission of mammalian sociality begins with plasticity of the parent's postpartum brain. Such plasticity triggers the expression of parental behaviors, which organize infant's brain and behavior to life with others. No study, however, has charted such progression in humans.

Aim: The central question guiding the current study is whether and how the human parental brain evolved to facilitate key social abilities in human children, as in other mammals.

Methods: We measured brain response of 45 primary-caregiving parents to their infant's stimuli, observed parent-infant synchrony, and assayed parental oxytocin (OT). Intra- and inter-network connectivity were computed in three main networks of the human parental brain - *core-limbic*, *embodied-simulation*, and *mentalizing*. In preschool, two key child social competencies were observed: emotion-regulation and socialization. Degree of network integrity in parent's brain predicted children's social outcomes, with subcortical and cortical network integrity foreshadowing mammalian-general versus human-specific competencies respectively: parent's *core-limbic* connectivity predicted child's simple, mammalian-general social skills, while *embodied-simulation* and *mentalizing* connectivity predicted more complex socio-cognitive skills. Parent-infant synchrony

mediated the links between connectivity of parent's embodied-simulation network and preschoolers' ability to use cognitive/executive emotion regulation strategies, highlighting the inherently dyadic nature of this network and its long-term effects on tuning young to social life. Parent's inter-network *core-limbic-embodied-simulation* connectivity predicted children's OT as moderated by parental OT. **Conclusions:** Findings challenge solipsistic perspectives guiding neuroscience research by demonstrating how the parent-offspring interface creates a unique brain-hormone-behavior template enabling the brain of one human to profoundly impact long-term adaptation of another. Studying cross-generational transmission of human sociality in healthy humans may have dramatic implications for psychiatric research.

Poster Session 15: Problems with parenting and high risk families (e.g. adolescent parenting, parental substance abuse, family violence and child abuse)

P586 Factors associated with intergenerational continuity and discontinuity of child maltreatment in a population receiving child protection services

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People who have experienced maltreatment in childhood subsequently face many parenting issues of their own, in particular when it comes to distancing themselves from the abusive behaviours to which they themselves were exposed and having access to positive role models. Few studies have explored the factors explaining the ability to break the generational cycle of child maltreatment. However, deeper knowledge of the factors associated with intergenerational discontinuity could facilitate the development of innovative interventions and increase the preventive potential of existing programs. This presentation will be about an ongoing empirical research that aims at establishing a prospective follow-up with parents receiving child protection services and living in the city of Quebec (province of Quebec, Canada). This funded project has a resilience perspective that considers positive parenting as an indicator of a successful transition to adulthood. This presentation will be about a better understanding of IGTM from the perspective of parents receiving child protection services. Quantitative and qualitative datas will be collected from parents receiving child protection services. The results presented will try to answer questions such as: What is the prevalence of intergenerational continuity and discontinuity in child maltreatment among young parents who were themselves subject to youth protection interventions? Are there any differences depending on the type of maltreatment they experienced? What do child maltreatment and child well-treatment mean to people who themselves experienced maltreatment? What are the needs of young people who are transitioning to adulthood, in particular, in terms of preparing for parenthood? How does maintaining a relationship with the family or network of origin contribute to IGTM? What factors favour the creation of a support network outside the family of origin? In conclusion, limitations of the study will be presented and possible practice outcomes.

P587 Narratives on pregnancy and motherhood among peruvian marginalized urban teen mothers who just given birth

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This research explores the emerging themes in the narratives of marginalized urban teen mothers who have just given birth in a national maternity hospital in Lima, Peru. 20 transcriptions of support interventions carried out by four psychologists to 20 teen mothers were used. The support interventions is based on the French model from "The Green House," developed by Dolto (1996), and consisted of one single session in which the psychologist explores the diverse emotions relative to this new experience of motherhood. The transcriptions of these sessions were analyzed using a thematic analysis (Braun and Clarke, 2006). It was found that most teen mothers had personal stories marked by the real or psychological absence of both parents. These absences in many cases were compensated by an affective dependency of the future parents of the baby. Although the teens expected support from them, the future parents were in most of the cases in difficult emotional and financial situations. Forced sexual relationships and rapes were frequent in the adolescents of this study. Regarding the baby, once he or she was born, the baby represented for the teen mothers either the possibility of reparation or repetition of their own history of abandonment depending on the current social support they had. In the cases mothers grew up with at least one parent and had family support they allowed themselves to live the normal process of adolescence and motherhood showing their fragility and confusion. The maternity hospital tended to reproduce the critic attitude of the social context, blaming the teen mother for their pregnancy, and the abandoner role of many of the teens' families. The importance of bonds of family support to determine different trajectories in teen mothers is discussed.

P588 An autistic child containing his traumatic experiences from a high-risk family environment in infancy: the sharing of changes in his drawings

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Introduction: I will show the possibility of how traumatic experiences of infancy that failed to be understood by others can be contained, especially in an autistic child.

Aims of the work described: Pictures drawn by Kai, an autistic child, revealed his traumatic experiences during infancy, and the emotions that accompanied them. I discuss the course of his experiences that were unveiled as a result of deepening exchanges with the therapist, as well as the changes in his drawings.

Description of the work: Kai was age 2 when his family broke down following his parents' divorce. His mother, who was given custody, had to work, and left Kai in an institution on weekdays. The traumatic experience of losing his family was further compounded by his mother's sudden death. When the therapist met Kai, aged 7, he was still being institutionalized, and had not been told of his mother's death. As the therapeutic relationship unfolded, Kai's drawings of the world that he had experienced gradually changed. They depicted the theme of losing precious items, and expressed his yearning for a warm, happy family, as well as his attachment to his mother whom he had lost. He also drew his perception of the therapist's absence between two sessions—which connected to the experience of losing his mother—in a picture which I called "An

empty picture.” Five years after the start of therapy, he described, for the first time, the wistful feeling of being unable to retrieve things he had lost, using the word “*kuyashii* (angry/frustrated).”
Conclusions: Emotional scars experienced during infancy that remained unaccepted by the child and the people around him impede a child’s healthy mental growth. Through my therapeutic engagement with an autistic child, I discovered the possibility that his past traumatic experiences can be contained inside him through non-verbal channels.

P589 Can an autistic child overcome the loss experience from a high-risk family environment in infancy? –Fostering object constancy in such a child–

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Introduction: Can an autistic child who has experienced serious object loss during infancy subsequently acquire object constancy? I will discuss what approach a therapist might take by focusing on the course of mutual exchanges with such a child.

Aims of the work described: To clearly show the process in which a therapist’s emotional availability and affect attunement “contained” an autistic child’s serious object loss experience suffered during infancy, and fostered his object constancy experiences.

Description of the work: Kei, who was living in an institution after his family broke up during his infancy, suddenly lost his mother, his only object of attachment, whom he had been able to see just once a week. Kei had reached 7 years old when I began providing him with psychotherapy. During the initial period, he used to protest the ending of each session with earsplitting screams; he also tried to take home all the dolls that were used for play. While having the therapist understand and accept his cruel emotional experiences surrounding separation, he gradually began to internalize the rhythm of separation/reunion, and his violent resistance when being faced with “endings” gradually subsided. Even when therapy had to be temporarily suspended, I made sure to interact in ways so that Kei could perceive a sense of object constancy. As a result, the relationship that emphasized the therapist’s emotional availability and affect attunement was maintained, and mutual exchanges deepened. By the time the 5-year therapy came to a close, Kei was able to imagine the therapist’s presence despite her not being physically in front of him.

Conclusions: It became clear that the therapist’s attitude of remaining an emotionally consistent presence contributed to forming a solid sense of constancy in an autistic child who had experienced serious loss during infancy.

P590 Cognitive-behavioral treatment of PTSD in a mother and her young child following the experience of chronic domestic violence

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Introduction: Although treatment protocols for PTSD in young children encourage clinicians to screen for PTSD in parents and to refer parents for individual services when needed, few have examined the feasibility and implementation of conjoint treatment for young child-parent dyads. Thus, this case study followed a young boy and his mother, both of whom experienced PTSD following chronic domestic violence.

Aims or purpose of the project or work described: The young boy followed in this case was exposed to domestic violence between his biological parents when he was 0- to 3-years of age and was experiencing symptom exacerbation during his transition to school. Given this young

boy's need for support from his mother during the treatment of his PTSD symptoms in the context of his mother's own PTSD diagnosis, this young boy-mother dyad required concurrent treatment. In particular, an integrative treatment approach was taken so that this young boy's mother could participate effectively in his treatment without interference from her own symptoms.

Description of the work or projects: Trauma-Focused CBT was implemented with this young boy, while his mother participated concurrently in Cognitive Processing Therapy. Treatment elements for both this young boy and his mother included psychoeducation, exposure (via drawings or written narratives), cognitive restructuring, and safety planning across 13 sessions. From pre- to post-treatment, this young boy's scores on the Young Child PTSD Checklist decreased from above (46) to below (16) the clinical cutoff (26), and the mother's PTSD Checklist scores decreased from above (63) to below (31) the clinical cutoff (50). This dyad showed qualitative improvements in their relationship, self-regulation abilities, socialization, and general emotional and behavioral functioning.

Conclusions: The outcome of this case study emphasizes the importance of treating both young children and their parents with an integrative framework when both are traumatized by domestic violence.

P591 The effect of contact between parents and babies placed out of home: babies' point of view

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The question of the opportunity of contact between parents and babies placed out of home for their safety is rising again in literature. There are controversies around the positive or negative effects of visits and around how to understand children/ infant reactions.

Purpose: our study aim at exploring if all babies have the same benefits of receiving visit from they parents and what are babies reactions to parents contact. The aim is also to confirm results of the preliminary research.

Methodology: videos observations were made of interaction with nurses and parents before parental visit, during visit, just after, one hour after and 24 hours after visit. Video recording were used to assess: dyadic synchrony (CARE-Index), parental sensitivity (sensitivity scale), babies withdrawal behaviors (ADBB scale). Cortisol levels were also measured 8 times in 24h. Theses data's were studied in relation with placement and visits characteristics (LOS, age when placed, reason of placement, frequency and duration of visit), Parental mental health, (HAD, SCL90-R, STAI-y), social provision (social provision scale), attachment representations (RSQ), childhood trauma (CTQ), babies characteristics (age, gender, development) .

Results confirm and complete those of the preliminary research and show that there is at least three different types of babies' reactions to contact with parent: on group that benefit from contact, one group with potential negative reaction to visit and one group that shows no reaction to visit but seemed to be at risk clinically (high withdrawal). The three groups differentiate statistically on several characteristics: parent/enfant interactions, baby's development, age, frequency and duration of visit, reason of placement, LOS, and age at placement.

Research and clinical implication are discussed.

P592 Supporting mothers in substance abuse recovery: A comprehensive model that addresses the physical and emotional needs of pregnant mothers and parents of infants

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I am proposing a brief oral presentation and/or a workshop about the co-morbidity of substance abuse, cognitive disabilities and mental health issues and how that creates challenges for women and parents advocating for their children. The work of University of New Mexico outpatient clinics in collaboration with community based resident treatment facilities support the care of women with substance use disorders towards decreasing the physical, social, financial and attitudinal barriers for women. Collaboration amongst local providers in efforts to decrease barriers in access to health care, mental health, counseling, and early intervention services will be discussed. The presentation will discuss curriculum development for an ongoing parenting supporting group that fits the needs of this population receiving treatment in residential care. In addition, the discussion will include the implementation of a multidisciplinary training model for graduate students. The following are some learning objectives for the presentation: 1.) Upon completion of this session participants will enhance their knowledge of curriculum development for parenting groups that serve mothers in recovery and their infants under the age of 6 months. 2.) Following completion of this session participants should be able to discuss the co-morbidity of substance abuse, cognitive disabilities and mental health issues and the challenges these disabilities create for women and parents advocating for their children. 3.) Participants in the session will increase their knowledge of collaborative efforts to decrease barriers in access to health care, mental health, counseling, and early intervention services for women impacted by substance use disorders. The comprehensive approach and growing need for collaboration is crucial to support parenting skills and high risk families.

P593 A maternal diagnosis of an autism spectrum disorder during pregnancy

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Introduction: A pregnant woman who was referred for outpatient therapy for depression and anxiety was diagnosed with an Autism Spectrum Disorder (ASD) during her third trimester. This workshop provides clinical material on maternal concerns that arose during the pregnancy and throughout her infant's first year and illustrates the collaborative process between the therapist and psychiatrist.

Purpose of the project:

- describe the strengths and vulnerabilities of a first-time mother recently diagnosed with an ASD
- initiate discussion about the transition to parenthood for individuals with ASD
- identify strategies to support parenting abilities of individuals with ASD
- consider ways to promote the psychological and developmental well-being of infants with a parent who has an ASD

Description of the project: The clinical intervention we provided to a single, partnered woman in her mid-twenties who was diagnosed with an ASD in the second trimester of an unplanned pregnancy presented an opportunity to support her during her transition to parenthood, address her concerns about her infant, and promote her ability to understand her infant's developmental and emotional needs. She worried if her infant would have autism, would she "ruin" him because

of her own problems, and how would parental arguments affect him. Her pregnancy occurred in a context that included psychosocial stressors often encountered in work with high-risk families: tensions in the couple's relationship, conflictual family relationships, family history significant for alcoholism and psychiatric problems, limited financial and social resources, and inadequate housing.

Conclusion: As increasing numbers of people are being diagnosed with an ASD, it is important to recognize that many of them will have children. This presentation stimulates thinking and discussion about the impact parenthood has on an individual with an ASD and considers implications for the parent-infant relationship.

P594 Psychotherapy and bereavement counselling for parents having lost a child as a means to support and prevent mental health issues in young siblings.

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The workshop is focused on the emotional impact of the death of a child on its young siblings as well as on the therapeutic effects of therapy and grief counselling with parents. In our psychotherapeutic consultation for parents and their young children, many of them are referred for regulatory and behavioural problems, like sleeping, eating or oppositional disorder. It isn't exceptional that the family anamnesis reveals the traumatic experience of the death of a child. This is an extremely severe loss for all family members. In numerous cases it concerns the loss of an unborn child during pregnancy. Confronted to death and grief, many parents struggle for their psychic survival, show typical signs of traumatization as well as comorbidities. Thus they experience difficulties in providing their other children the emotional support and the securing frame they used to give before the traumatism. In reaction many siblings develop psychological issues. While elder children profit from individual and/or family therapy, babies and toddlers can be supported by psychodynamic parent-infant therapy. An additional indirect means is providing the parents psychological help through mourning support in an individual setting, in bereavement groups or in a combination of both. After a survey of the symptoms young siblings may develop after the death of a brother or sister, we will work on different therapy and support possibilities for children and their parents: infant-parent therapy, individual and couple grief counselling and groups for parents. We will describe the positive effect of support provided to parents on the siblings. The aid for parents is although a means to prevent psychological problems during a following pregnancy. Our topic will be illustrated by the analysis of clinical situations of our practice as a psychotherapist as well as of our practice in mourning counselling, especially in a "compassionate friends" parents group.

P595 Differences between adolescents and adults in recognizing infant signals

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Introduction: Papoušek and Papoušek introduced the concept of „intuitive parenting behaviours“ that are inherent in every human being and enable humans to answer the special needs of infants. However, previous studies have shown that adolescent mothers interact less sensitive with their infants than adult mothers.

Aims of the study: We aim to answer the questions (i.) if there are differences in recognizing infant signals between nonparous adolescents and adults, (ii.) if there are gender differences and (iii.) interindividual differences due to one's own parental experiences.

Material and methods: We examined 54 childless adolescents and 54 childless adults (50% female). They were shown a series of 20 short videos of infants aged 3-6 months showing different emotional states ranging from very negative to very positive. Additionally we asked the participants to report their own parental experiences using the German version of the EMBU questionnaire (FEE).

Results: Adolescents rated the negative emotional expressions more negative than adults. Furthermore, female participants rated the negative emotional expressions more negative than male participants. Across all subjects, own parental experiences, i.e. perceived emotional warmth was inversely associated with more negative ratings of infants discontent emotional expressions.

Conclusions: Adolescents are not less sensitive to infant emotional expression than adults but on the contrary they rate expressions of infant discomfort more negative than adults. Thus, earlier affective sharing mechanism together with more immature cognitive regulation processes in adolescence, as compared to adulthood, may be linked to higher stress responses to baby signals of discomfort, which might then lead to reduced sensitivity in adolescent mothers.

P596 The contribution of the Axis II of the DC: 0-3R to the identification of caregiver – infant/toddler dyads with abusive relationship patterns in six European countries

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It was investigated whether Axis II: Relationship Classification of the DC:0-3R contributes to identification of caregiver – infant/toddler dyads with abusive relationship patterns. However, as the Axis II of the DC:0-3R has not been extensively used in European countries and as it has been suggested that further applied research is needed to establish validity and reliability, the ICAST-P was also administered to the caregivers; thus, the abusive relationship patterns identified by the researchers using the DC: 0-3R were compared with caregivers' self-reported violent disciplinary practices towards their children. The sample consisted of 115 caregiver-infant/toddler dyads from six European countries (Cyprus, Greece, Italy, Portugal, Spain, UK) with children's age ranging from 1 to 47 months. Sixty-four dyads were recruited from clinical settings and had already been diagnosed with violence problems, and 51 dyads were recruited from community settings without known violence problems. Classification on Axis II/DC: 0-3R differentiated between general and clinical sample, and the Axis II of the DC: 0-3R identified as abusive the same caregivers that received a high score in ICAST-P as well. In general, caregivers self-reported through ICAST-P elevated percentages of abusive disciplinary practices applied to their children and this calls for urgent action towards broader usage of tools such as DC: 0-3R to promote early identification of families at risk for infant and toddler abuse and neglect.

P597 Research on fathers meets the real world – now comes the hard part

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According to researches on family work, professional work with fathers brings huge benefits for the whole family. Research shows that a father's behavior, beliefs and aspirations can profoundly influence the wellbeing of the whole family. A good, functioning relationship between a father and his child has a positive effect on the child's cognitive development and wellbeing. Even while father faces problems, his impact for the child becomes no less important. In Finland, health and social services used to work mainly with mothers, nowadays the importance to encourage fathers is understood better. Developing Center for Working with Men implemented The DAPHNE III Programme of the European Union in Kokkola, Finland, during 2013-2014. The aim of the development process was to improve and balance the work done with fathers and families and to give strength and new tools for the professionals. The Good Practice Guide: "*Help fathers with more enthusiasm – how and why?*" was produced as an outcome of the process. The guide includes advice to professionals on how to involve fathers, including social fathers, to be part of the wellbeing of the whole family. The importance of extending and implementing good practices around Finland and abroad was recognized during the DAPHNE project. The gap between researches and clinical work is often too wide. In addition to the guide, we have produced a Web-Based *Father work Material* (Intoa isätyöhön) to be used by social welfare and public health services. The material includes *Dad Cards* for clients. *Strengthen the Fatherhood* tour for students and professionals is arranged together with the Universities of Applied Sciences and member organizations around Finland. We also offer a blended-learning course for professionals working with men and fathers, and we have extended the use of social media and marketing to spread the information.

P598 Epidemiology of Children affected by Parental Mental Illness. The Kidstime Workshops

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A child whose parent suffers a mental illness has a 70% chance of either developing that illness or related problems such as anxiety, depression, guilt, social isolation and loss of education. There are estimates that at least 2 million children in the UK are in this situation, many of them unrecognized by statutory organizations.. These effects are largely preventable. These children struggle alone with the guilt and shame of their parents' condition, alongside the fear that, should they ask for help, they will be taken into care. Kidstime works with children and families to help them come forward and connect with others similarly affected, break the walls of silence and learn to understand and manage their situation. Parental mental illness and its treatment have a profound effect on children, with 40% of affected young people requiring treatment themselves by the age of 20, as compared to only 20% in the general population. Research has identified that information and the presence of a trusted, neutral adult as being the key to building resilience, and it is in this area where the Kidstime Workshops, a multi family intervention which started in London 15 years ago can help, using combinations of narrative, dramatic, supportive and psycho-educational approaches in a fun, playful environment. These interventions have now spread to different cities in the UK, as well as Barcelona, Berlin and Porto. The Kidstime Foundation has also created a series of films for use in schools to raise awareness of the problem in educational institutions. A research project is under way to evaluate the outcomes in helping children increase

resilience and stem the developmental, educational and emotional impacts of parental mental illness. The presentation will offer background epidemiological data, describe the impact on children and give an account of one of these workshops in London.

P599 How are mothers' adverse childhood experiences related to their own parenting behaviors?

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Studies supported strongly a connection between adverse childhood experiences (ACEs), including abuse, neglect, and household dysfunction, and negative outcomes in adulthood (Felitti et al., 1998). Fewer studies examined the connection between ACEs and negative parenting behaviors, although some studies suggested that exposure to such difficulties may be related negatively to parenting (Lang, Garstein, Rodgers, & Lebeck, 2010). In the context of this developing line of research and to foster support for the underlying assumptions of some evidence-based, attachment-focused parenting interventions, it is important to examine how reflective functioning (RF; mothers' ability to view themselves separately from their young children's behaviors) may be related to negative parenting behaviors in parents who have experienced a significant number of ACEs. Thus, the present study sought to identify the relationships among mothers' ACEs, RF, and negative parenting behaviors, with the specific intent of examining RF as a mediator in the relationship between ACEs and negative parenting behaviors. For this study, 233 mothers (with children between 2- and 5-years of age) completed the ACEs Study Questionnaire, Parental Reflective Functioning Questionnaire, and Alabama Parenting Questionnaire-Preschool Revision. A significant number of ACEs were noted in 27.5% of these mothers. Regression analyses suggested that mothers' ACEs and RF predicted significantly their negative parenting behaviors, $F(2,212)=10.32$, $p<.001$, $R^2=.09$. Specifically, in a hierarchical regression, mothers' ACEs predicted significantly their negative parenting behaviors ($p<.05$). When mothers' RF was added for consideration, the impact of ACEs decreased in significance ($p<.80$), and only RF remained a significant predictor of negative parenting behaviors ($p<.001$), demonstrating the mediational value of RF. Consistent with underlying assumptions of some evidence-based, attachment-focused parenting interventions, RF may prove to be an important port of entry for reducing negative parenting behaviors in mothers who experienced a significant number of ACEs.

P600 Emotion dysregulation as a mediator in the relationship between childhood emotional abuse and child maltreatment potential in community mothers of young children

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The relationship between childhood maltreatment and child maltreatment potential has been well-documented as an intergenerational problem (Berlin, Appleyard, & Dodge, 2011). Within this context, emotion dysregulation mediated the relationship between overall history of maltreatment and maltreatment potential in mothers of school-aged children (Smith, Cross, Winkler, Jovanovic, & Bradley, 2014). Given findings suggesting that emotional abuse was associated uniquely with the development of emotional regulation (Kuo, Houry, Metcalfe, Fitzpatrick, & Goodwill, 2015), this study examined emotion dysregulation as a mediator in the relationship between emotional abuse and mothers' subsequent maltreatment potential in a community sample of mothers with young children. The current study surveyed 157 community mothers of young children via the *Childhood Trauma Questionnaire*, *Difficulties in Emotion Regulation Scale*, and *Child Abuse*

Potential Inventory. Mothers' mean age was 32.28-years ($SD=6.19$ -years), and children's mean age was 2.99-years ($SD=1.23$ -years). Mediation analyses examined direct, indirect, and total effects. The overall model was significant ($R^2=0.38$, $F[2, 154]=48.11$, $p<0.001$). The total effect of including emotion dysregulation as the mediator also was significant ($t[157]=3.53$, $p<0.001$). Because the confidence interval did not include zero, the relationship between emotional abuse and maltreatment potential was mediated by emotion dysregulation. Given these findings, the importance of emotion dysregulation as a mechanism of action in the cycle that leads from emotional abuse in childhood to elevated maltreatment potential in parenthood is emphasized. These findings suggest that, in the context of a history of childhood emotional abuse, subsequent maltreatment potential may be reduced if emotion dysregulation can be decreased using evidence-based treatments. It is our hope that these findings will assist service providers in supporting mothers in the community who have experienced childhood emotional maltreatment to break the cycle of abuse by teaching effective emotion regulation skills.

P601 The consequences of physical and psychological abuse on children's development from birth to three years old post-traumatic syndrome and prevention perspectives

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Introduction: Our study looks closely at the research and its results on the effects of physical and psychological abuses towards children. Aim of the study: This study is financed by the National Observatories on Children in Danger (ONED) and studies specific consequences of physical and psychological abuses on children's development, from birth to 3 years old, assuming that they may begin in utero.

Material and Method: 10 physically abused children and their mothers were compared to 10 psychologically abused children and their mothers. The evaluation tools include a psychomotor development test (Brunet-Lézine), a projective test (Projective Kit for Early Childhood), and a semi-guided interview with the mothers.

Results: Development quotients below 85 point out risky and unstable development profiles with a difference of 15 points between the postural development quotient and the other development quotients. With the projective test, abused children employ different defence mechanisms (aggressiveness, avoidance, stereotyping, or over-attachment). According to the type of abuse they suffered from, it can hamper their own adaptability and affection through motor independence. Defensive behaviours of attack, of escaping, or of breakdown that were observed confirm the post-traumatic syndrome hypothesis, expressed in different *traumatic-play* as regards to the type of abuse suffered. The thematic analysis with the mothers; more precisely about anamnesis; traumatic symptoms, abortion, childbirth and mothering techniques; brings out different representations of their childhood and of their children, depending on the sort of abuse they had. The analysis of these life stories and whether the acting-out was evoked or not in both groups shows that any abuse reflects the realization of a maternal fantasy of infanticide.

Conclusions: The child's traumatic symptoms echo the mother's, though not elaborated, and surface during the acting-out as an infanticide fantasy which is conveyed during pregnancy, hence the necessity to establish preventive measures.

P602 Predicting child maltreatment potential in substance-involved mothers participating in a residential treatment program

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Parents' substance misuse was identified as the most common reason for infants and young children being removed from their parents' care (Child Welfare Information Gateway, 2014), occurring in 40 to 80% of child welfare cases (National Council on Child Abuse and Family Violence, 2015). Although evidence-based interventions for substance-involved parents with young children are being examined (Renk et al., Under review), the most useful targets for such interventions in preventing further child maltreatment have not been identified with any certainty. As a result, this study examined potentially important predictors of child maltreatment potential in a sample of 99 culturally diverse mothers who were residents in a substance treatment center and the majority of whom were pregnant or had children from 0- to 3-years (approximately 74%). For this study, mothers completed the Child Abuse Potential Inventory (measuring physical maltreatment potential), Child Trauma Questionnaire (measuring their own childhood maltreatment), Difficulties in Emotion Regulation Scale (measuring emotion regulation), and Adult Self-Report (measuring behavior problems). A preliminary hierarchical regression suggested that mothers' childhood emotional abuse ($p < .01$), lack of belief in their ability to regulate their own emotions ($p < .008$), and total behavior problems ($p < .001$) predicted significantly their physical maltreatment potential. When these relationships were examined further, regression analyses suggested that these mothers' lack of belief in their ability to regulate their own emotions served as a mediator in the relationship between their own childhood emotional abuse and their total behavior problems and as a partial mediator in the relationship between their own childhood emotional abuse and their physical maltreatment potential. These findings suggested the potential importance of targeting these characteristics with evidence-based interventions meant to reduce future child maltreatment, with mothers' belief that they can better regulate their own emotions being a particularly important point of intervention.

P603 The Relations Between Parental Mind-Mindedness, Conduct Problems And CU Traits In Early Childhood

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Severe conduct problems (CP) in childhood are associated with parent-child relationship difficulties, and the nature of these difficulties differs according to the level of callous-unemotional (CU) traits. Compared to parents of children with CP and low CU traits, parents of children with high CU traits report and are observed to display fewer positive and more harsh parenting practices (e.g. Dadds et al., 2012), higher dysfunctional parent-child relationships (e.g. Pasalich et al., 2012) and lower parental sensitivity (e.g. Beaver et al., 2015). Mind-mindedness, a parent's propensity to view his or her child as a mental agent with his or her own thoughts, feelings and desires (Meins et al., 2003), has been associated with attachment security (Demers et al., 2010), with more optimal child behaviour functioning (Garner & Dunsmore, 2011), and theory of mind (Meins et al., 2013). The current study examined associations among mind-mindedness, conduct problems, CU traits, and aspects of parent-child relationships in a clinic-referred sample of 92 children with CP (4-9 years). Mothers (N=92) and fathers (N=36) were administered the Mind-Mindedness 'Describe your child' Interview and questionnaires regarding child behaviour and

aspects of parent-child relationships. Proportion and valence of mind-related descriptors (compared with general descriptors) were computed. Associations for conduct problems were assessed controlling for CU traits and vice versa. Controlling for CU traits, mothers who used fewer positive and more negative mental descriptors reported higher conduct problems in children. Conversely, controlling for CP, fathers who used fewer positive and more negative mental descriptors reported higher CU traits in children. Further, parents who expressed higher ambivalence (negative descriptors qualified by a positive descriptor) in their descriptions reported more dysfunctional parent-child relationships and disorganised caregiving. Different patterns of findings for mothers and fathers are discussed along with implications for the conceptualisation and treatment of CP and CU traits in childhood.

P604 Kidstime assessment, a multifamily approach in order to increase the parental competencies in severe mental disorder and foment the resilience of the family

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Children living with a mother or father with a severe mental health disorder are a vulnerable group. The Kidstime intervention with the family could be a preventive approach. The aims of the study are to evaluate the effect of the intervention “Kidstime” (multifamily workshops) in the increase of the resilience of the children and also in the competencies and self-confidence of parents in their parental roles, in the self-esteem of the children and their parents, in the satisfaction with the workshops, and to determine the effect of „Kidstime” over the use of other services. The project is a quasi-experimental design. It evaluated a family sample (parents and their children aged 5 to 14) that have interest and motivation to participate on the multifamily workshops in order to improve the parental relationship, when one of the parents has a severe mental disorder and is served by mental health community service. The sample was divided between families that can participate in the workshops (intervention group) and one that for schedule reasons cannot participate (control group). The poster will present results from this evaluation.

P605 Exploring associations between adverse childhood experiences and educational and psychosocial outcomes in middle childhood

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Introduction: Findings from the Adverse Early Childhood Experiences (ACE) study articulated the negative effects of childhood trauma on long-term well-being. Increasingly, interventionists are being encouraged to engage in screening and prevention efforts related to ACEs.

Study Aims: To examine the associations between ACEs and educational and psychosocial outcomes in a sample of low-income families.

Methods: This study uses data collected during the US impacts study of Early Head Start. Data were collected by trained interviewers demonstrating at least 85% consistency/reliability with protocols. We used data from 1099 socio-demographically diverse mothers and children collected at or near ages 1, 2, 3, 5, and 10. At each age, an ACEs index was created based on interview and observation items. The ACEs index was averaged across all ages. At age 10, parents were asked about school outcomes and completed the Child Behavior Checklist.

Results: Across the study, children were exposed to none (15%), one (35%), two (29%), three (15%) or four or more ACEs (6%). Logistic regression showed ACEs were associated with parental report of the child having an individualized educational program (Wald=19.69, $p=.001$) and having been retained a grade in school (Wald=16.77, $p=.002$). Children with 3 and 4 or more ACEs were over 4 more likely to have an IEP (OR=4.49, CI [2.22, 10.32]; OR=4.05, CI [1.58, 10.42]) or grade retention (OR=4.46, CI [1.84, 10.80]; OR=4.48, CI [1.54, 13.04]). ACEs were also associated with CBCL externalizing (Wald=86.27, $p<.001$), internalizing (Wald=53.74, $p<.001$), and attention (Wald=35.04, $p<.001$) problems where children with 4 or more average ACEs were 17.2 [7.34, 40.28], 12.5 [5.28, 29.33], and 7.9 [2.96, 21.15] more likely to have clinically elevated problems than children with none.

Conclusions: Findings suggest that ACEs influence children's psychosocial and academic outcomes early in development. We will discuss implications for screening and early intervention.

P606 Exploring associations between adverse experiences and health outcomes for children birth to five

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Introduction: Findings from the Adverse Early Childhood Experiences (ACE) study articulated the negative effects of childhood trauma on long-term health. Increasingly, interventionists are being encouraged to engage in screening and prevention efforts related to ACEs.

Study Aims: To examine the associations between ACEs and healthcare and health outcomes in a sample of low-income families.

Methods: Cross-sectional study of a community sample of families enrolled in home visiting programs in one state in the US. We examined ACEs and health correlates using enrollment data. Parents (N=1282) averaged 29 years (SD=8), the majority were White (60%). Children were 33 months (SD=20) and equally divided on gender (49% male). The Family Map Inventories are a set of semi-structured interviews that assess key aspects of the family and home environment that predict healthy child development, including ACEs.

Results: Children were exposed to one (27%), two (18%), three (11%) or four or more ACEs (12%). ACEs were associated with risk for secondhand smoke exposure (Wald=25.25, $p<.001$) and other home safety risks (Wald=22.15, $p<.001$). Children with 4 or more ACEs were three times (Wald=9.79, $p=.04$; OR=3.14, CI [1.49, 6.63], $p=.003$) less likely to receive primary care/well-child visits than children with no ACEs, despite non-significant differences in health insurance (Wald=6, $p>.10$). ACEs were also associated with greater emergency medical treatment (Wald=25.7, $p<.001$). Finally, ACEs predicted the child having a chronic health condition (Wald=11.09, $p=.03$). Children with 3 and 4 or more ACEs are twice as likely to have a chronic condition (OR=2.17, CI [1.23, 3.84], $p=.008$; OR=2.12, CI [1.18, 3.82], $p=.01$) than children with none.

Conclusions: Findings suggest that ACEs influence healthcare and the health outcomes of children very early in development. We will discuss implications for screening and care management in home visiting settings.

P607 Exploring associations between adverse family experiences and engagement and retention in home visiting

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Introduction: The Adverse Early Childhood Experiences (ACE) study articulated the negative effects of childhood trauma on long-term well-being. Interventionists are increasingly encouraged to engage in screening and prevention efforts related to ACEs, but little is known about how ACEs influence family engagement in intervention.

Study Aims: To examine the associations between ACEs and retention and engagement in evidence-based home visiting services in a sample of low-income families.

Methods: Descriptive study of a community sample of families enrolled in home visiting programs in one state in the US. Parents (N=1282) averaged 29 years (SD=8), and the majority were White (60%). The Family Map Inventories are a set of semi-structured interviews to assess key aspects of the family and home that predict healthy development, including ACES. Home visit characteristics were reported after each home visit and averaged. Children were exposed to one (27%), two (18%), three (11%) or four or more ACEs (12%).

Results: Logistic regression, controlling for demographics, show ACEs were negatively associated with program retention at 3 (Wald=9.28, $p=.06$) and 6 (Wald=11.72, $p=.02$) months. Families with ACE scores of 4 or more were about twice as likely to leave the program (OR=2, $p=.006$; OR=1.8, $p=.006$). ANCOVA results show home visitors rated families as less engaged ($F(4, 1429)=4.27$; $p=.002$) and more distracted ($F(4, 1405)=4.27$; $p=.002$). They also rated the home visits lower in overall quality ($F(4, 1429)=5.77$; $p<.001$). However, for families who stay in services, there was a significant decrease in ACEs (McNemar; $p=.001$); 20.1% of the sample had scores above 3 at enrollment compared to 14.4% at follow-up.

Conclusions: Findings suggest that families with more ACEs are more likely to leave and harder to engage in services, but home visiting can help reduce ACEs for children.

P608 Stability of prenatal to postnatal attitudes linked to the potential for child abuse

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Introduction: Early intervention to support women at risk for child abuse or neglect drives researchers and intervention specialists to assess women's attitudes during pregnancy. This study examines the stability of beliefs from prenatal to postnatal.

Methods: Participants enrolled in a state-level evaluation of home visiting programs in the US during pregnancy. Participants were included in this study if they were assessed after the child was born (N = 243). We report on assessments at 6 weeks (n = 108) and 6 months (n = 64). Most families identified as white (52%) and was a first child for 37%. Most of the prenatal assessments were in the second (26%) or third trimester (60%).

The Adult-Adolescent Parenting Inventory (AAPI-2; Bavolek, 1990) permits the identification of high-risk parenting attitudes and child rearing practices (e.g., inappropriate expectations, corporal punishment). The AAPI-2 contains five subscores, a total, and risk levels.

Results: After controlling for the number of children in the home, trimester of the prenatal assessment, and age of the child at postnatal assessment, correlations on the five sub scores were generally above .5 with 3 above .7. Percent of children at risk generally decreased from prenatal to 6 weeks to 6 months (Kappa significant).

Conclusions: Prenatal screening for unrealistic or inappropriate attitudes is thought to be an indicator of the parent's potential behavior as a parent. Our study suggests that prenatal score is moderately correlated with attitudes in the first year of life; however, in general, parents report more problematic attitudes during the prenatal period than in the first year of life.

P609 Perinatal ambulatory care: preventive and therapeutic interventions in very vulnerable families

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Introduction: Vulnerability factors, especially when they accumulate, expose the unborn child to a higher risk of somatic disorders but also increase the risk of delayed psychomotor development, learning difficulties, and child abuse. Vulnerable mothers are also known to be more frequently depressed, which may have an impact on parent-child bonding and attachment and subsequently influence the child's development.

Description of the work: In terms of perinatal prevention and early interventions, it is essential for vulnerable families to be detected and above all supported. Nevertheless, vulnerable parents rarely request help and babies at psychosocial risk therefore remain difficult to access by professionals. Caught up in their relational insecurity, vulnerable parents find it more difficult to accept help and support, in the fear to be judged and to have their children put in foster care. However, the perinatal period is probably one of the best period to build a strong and trusting relationship and use it as a tool for change by modifying negative relationship models or by increasing the family's trust in care. The aim of this poster is to highlight the key points of a relevant perinatal preventive (and therapeutic) intervention in vulnerable families: the necessity of early continuous and prolonged care, the partnership between all medico-social workers, the major role of home-based interventions, the importance of early and regular child's development assessment and finally the absolute necessity of specific training and supervision for all the professionals.

Conclusion: Each of the key points will be briefly explained and argued in the poster, to underline the appropriateness and effectiveness of such interventions.

P610 Who are the “vulnerable” parents? Perspectives from the French universal health system

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Introduction: “Parental vulnerability” is the most often used inclusion criteria for families to benefit from services such as home visitation. Even within universal systems, professionals try to identify families' risk factors to pair the services to the families' needs. However, scientific literature provides very specific information with regards to the nature of such risk factors. Studies often target specific outcomes (child abuse, maternal depression, etc.) to perform risk factor identification studies. In public health system, how can these information be used? While looking at the general population, what services can public health services offer to what families?

Aims of the study: The French parent-child prevention system is decentralized within the 101 French “departments”. The departments are responsible to determine what families can benefit from what services. Two distinct qualitative studies aimed to identify what are the risk factors used in order to identify eligible families for home visitation.

Material and methods: In a first study, we reviewed all 101 departmental strategies to identify “at-risk” families, eligible for home visitation. In the second study, we performed semi-structured interviews with field professionals, to identify the characteristics of families that actually benefit from home visitation.

Results and conclusion: These studies are currently being conducted and the results will be available in early 2016. They will serve the French public health system to better match families’ needs and available services.

P611 Can prenatal and perinatal factors predict resilient functioning in maltreated children?

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Introduction: Child maltreatment can have devastating consequences for individuals, however there is wide heterogeneity between those affected with an estimated 20% going on to show ‘resilient functioning’. Prenatal and perinatal factors have been implicated in development of adult psychopathology; we seek to investigate whether they may play a role in individuals’ responses to maltreatment.

Aims:

1. To examine whether maltreated children differ in terms of prenatal and perinatal factors compared to children in the general population.
2. To examine whether prenatal and perinatal factors are associated with later mental health, cognition and relationship functioning outcomes in maltreated children.

Description: The Maternity Inpatient and Day Case Dataset (SMR02 record) contains information on prenatal and perinatal factors. 70 maltreated children (‘cases’) were identified from the Best Services Trial (BeST²). SMR02 records were accessed through Glasgow Safe Haven for these 70 children along with 280 randomly selected ‘controls’ and specific SMR02 variables were compared. Baseline variables for the BeST² Trial at entry to foster care including mental health, cognition, and relationship functioning were successfully linked with the SMR02 record for 41 of our 70 cases. Regression analyses were performed to look for associations between prenatal and perinatal variables and each BeST² outcome. An optimality score was created based on current literature and tested for significance as a predictor for each BeST² outcome.

Conclusions: No significant difference in any SMR02 variable between cases and controls was found suggesting maltreated children do not differ from children in the general population at birth. Female gender had positive associations with relationship functioning and cognitive functioning. Drug misuse during pregnancy had a negative association with relationship functioning. Higher estimated gestational age was associated with indiscriminate friendliness, as was optimality score. Our optimality score was not associated with other mental health diagnoses, cognition or relationship functioning.

P612 Reflective functioning of mothers of children with autism spectrum disorders

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Being a parent of a child with autism spectrum disorders (ASD) is often challenging and stressful. Because of severe deficits in social cognition and communication skills, which are the core symptoms of ASD, mentalizing the child on the spectrum may become difficult, if not impossible. Thus, it is important to assess mentalizing capacities of mothers of children with ASD in order to offer them and their children proper psychological support. The aim of the study was to examine

reflective function (RF) in a sample of 30 mothers of children with ASD. Maternal RF was measured using polish version of Parent Development Interview (Slade et. al., 2004). Two types of RF were distinguished: RF-self (regarding mother's ability to reflect on her feelings of joy, pain, anxiety, anger, guilt, neediness and loss of the child) and RF-child (regarding mother's ability to reflect on her child's anxiety, dependence, independence, rejection and need for attention). The findings indicate that mothers of children with ASD do not differ in the level of RF from control mothers. However, significant differences were found between RF-self and RF-child in the group of mothers of children with ASD (with lower RF-self) but not in the control one. What is more, significant intra-group differences in RF-self regarding particular mental states were found both in ASD group and control group but differences in RF-child regarding particular mental states were significant only for the control group. Besides, more significant correlations between RF regarding particular mental states were indicated in ASD group. Results suggest that if offered with proper support in reflecting on their own mental states, mothers of children with ASD can become even more reflective than mothers of children without developmental disorders. This may be crucial for helping the autistic children to develop their own mentalizing skills.

P613 Pre-birth risk assessment: piloting a new model grounded in evidence based assessment and intervention

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Introduction: Pre-birth risk assessments are complex and ethically sensitive, yet there is little guidance and existing models do not include a dynamic assessment of capacity to change.

Aims of the Study: To develop and test a new model for undertaking pre-birth risk assessment where a risk of harm has been identified to an unborn child based on epidemiological evidence about risk and protective factors during pregnancy.

Materials and method: The pathway was developed based on findings from an in-depth literature review, survey of English Local Safeguarding Children Boards, interviews with a range of practitioners and input from an expert advisory group. The model describes referral pathways, domains of assessment, administration of tools and measures to assess change. Piloting involved 47 statutory social workers and their managers who were trained to deliver the model in 4 Local Authority sites. Qualitative and quantitative data was collected from case files (n=57) and interviews with professionals (n=18) and parents subject to the model (n=11).

Results: Parental acceptability of the model was high with most parents valuing the transparent practice and the fact that areas of concern were clearly specified. Practitioners expressed concerns about the complexity of the model (some failing to use all of the specified components), the use of standardised measures, and its fit with existing service structures. Early referral prior to 16 weeks gestation was achieved with 93% of families.

Conclusions: Although a model based on relational working, and incorporating intervention and assessment of capacity to change appears capable of driving system change leading to earlier referral and positive engagement with families, existing service organisation precluded the model from being fully implemented. Modifications to the training programme are required in order to support practice implementation and embed the model in local procedures. Further work is currently being undertaken to address these issues.

P614 Maternal mind-mindedness, reflective functioning and early dyadic interaction in adolescent and adult mother-infant dyads

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Introduction: Early motherhood is considered a risk factor for the relationship between mother and infant (Aiello & Lancaster, 2007). Compared to older mothers, adolescent mothers are less sensitive and more intrusive towards their children (Riva Crugnola *et al.*, 2014). Moreover, young mothers have a less mind-mindedness than adult mothers (Demers *et al.*, 2010).

Aims of the study: The aim is to analyze maternal mind-mindedness, maternal attachment, reflective functioning, and the quality of dyadic interaction styles in adolescent mother-infant dyads compared to adult mother-infant dyads.

Material and methods: The participants were 50 adolescent mother-infant dyads and 50 adult mother-infant dyads. At infant 3 months, mother-infant interaction was videorecorded; maternal mind-mindedness was coded using the Mind-Mindedness Coding Manual (Meins *et al.*, 2001) and mother's and infant's interaction styles were coded using CARE-Index (Crittenden, 1998). Moreover, Adult Attachment Interview (George *et al.*, 1985) was administered to the mothers to evaluate maternal attachment and reflective functioning (Fonagy *et al.*, 1998).

Results: Results showed that adolescent mothers had a higher proportion of insecure attachment models and lower scores on reflective functioning scale than adult mothers. Moreover, reflective functioning is positively correlated to maternal mind-mindedness. Furthermore, adolescent mothers (vs adult mothers) used less appropriate mind-related comments, more not mind-related comments, less appropriate-to-infant-development comments, and less positive comments when interacting with their children. Regarding to interaction styles, adolescent mothers were less sensitive and more intrusive than adult mothers, and their infants were less cooperative and more passive than infants of adult mothers.

Conclusions: Motherhood in adolescence is related to less mother's ability to reflect on her own and her infant's internal states of mind and low levels of maternal responsiveness and infant cooperativeness. The results suggest the importance to carry out an early intervention program to support adolescent mother-infant dyads.

P615 Drug addicted mothers and their empathic reactivity to painful cues

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Introduction: Mother-infant relationship is crucial for offspring's development. Substance-abuse has been shown to affect adults' ability to care for their children, in particular in the affective-relational aspects of parenting, such as the attachment bond and the ability to provide protection. Surprisingly, no previous study has explored neural responses associated with empathy towards children's pain in mothers with such history. Empathy is a more general construct than parenting and deficits in neural empathic responses may better explain failures in caring of addicted mothers.

Aims of the study: This study was aimed at investigating the empathic response to pain inflicted by a dangerous tool to hands of kids when compared to neutral situations in a sample of mothers with history of drug-abuse. We used Event-Related Potentials (ERPs) technique to explore the time-course of neural empathic responses to pain by virtue of its excellent time resolution. In particular, we asked whether empathic responses to pain of children would differ in drug-addicted

mothers compared to control group, during a relatively automatic early stage of processing or during a more controlled delayed one involving mentalizing.

Material and methods: Event-related potentials (ERPs) have been recorded from drug-addicted mothers (i.e., clinical) and control groups to track neural activity in a pain decision task. Stimuli were pictures showing one infant hand in painful (harmful object applied to the hand) and neutral situations (harmful object located close to the hand).

Results: Neural empathic responses towards children in pain differed between the two groups such that ERPs diverged between the painful and neutral stimulation at delayed stages of processing only for the clinical group.

Conclusions: We interpreted these results as indicating that the control group implicitly judged also the neutral situations involving children as potentially painful supporting a lack of mentalizing abilities in the clinical group when compared with controls.

P616 Coping with crying: an evidence based parent education programme to reduce non-accidental head injury

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Introduction: Coping without Crying (CWC) is a DVD based intervention preparing parents for the stress of a crying baby which educates them about the potential impact of shaking their baby.

Aims of Study: To understand how the DVD can be shown to parents, the feasibility and acceptability of different delivery models, and the impact of the film on parents' knowledge, attitudes and behaviours, and the safety of their babies.

Materials and method: The DVD was shown to parents using three methods: postnatally in the first few days after birth and before discharge from hospital; postnatally after discharge from hospital before the baby was 6 weeks old; and antenatally during or after the second trimester of pregnancy.

Data using analysis of demographic information, focus groups with practitioners and parents, and a comparative telephone survey of parents who have and have not seen the film was collected.

Results: The highest proportion of parents see the film when it is shown at routine clinic appointments and in hospital and lowest reach is when it is shown in antenatal and postnatal groups and during postnatal home visits. Watching in hospital showed small but significant impacts on parents' knowledge about the dangers of shaking, attitudes towards crying and coping behaviours. Watching during the antenatal period or in the postnatal period after they had been released from hospital, showed more impacts on parents and the effect was stronger. Parents who watched the film were significantly more likely to say that they had used the coping strategies suggested in the film when compared with parents who hadn't watched the film.

Conclusions: The study shows that there are benefits to showing parents the film; that it can be a useful tool in helping support parents cope with crying babies and promotes evidence on effective delivery.

P617 Parental violence causing neurodevelopmental decline in a masturbating girl: a case report

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Introduction: Childhood masturbation is a matter that parents get uncomfortable and worried about; also they prejudge and react inappropriately. The most common reactions in Turkey to masturbation are scolding, beating, threatening and condemning. Suchlike experiences, which may cause trauma, can lead to profound effects on a child's cognitive, emotional, psychological and social development. Early life traumas have negative effects on cognitive performance, memory, executive functioning as well as emotional regulation, reaction to social and affective stimuli and language development. Also, the important role of parent-child interaction on response to trauma is shown in several studies.

Aim: To discuss links between parent-child interactions, predisposing factors in childhood masturbation, symptoms of physical and emotional trauma caused by caregiver in a masturbating girl.

Case: A 3 years 7 months old girl presented with poor eye contact, loss in language skills, unusual sexual and social behaviors, poor peer relationships, deficit in social skills, temper tantrums, anger and masturbation. Symptoms began 9 months before, after her parents scolded, beat and threatened her, because of masturbation. At that time, additional symptoms like social isolation and cutting off communication with parents, crying tantrums, sleep disorders existed. The family got psychiatric counseling during that time. Her language and social development was normal before the traumatic event. In the family interview, we observed pervasive guilt and shame, excessive worries, a decrease in caregiving qualities and failure to interpret the child's emotional responses in parents. There was partial regression of her symptoms during the 7-month follow up with family psycho-education and guidance.

Conclusion: Trauma related pathologies and recovery after trauma are directly associated with parent-child interactions. A few studies show that excessive masturbation in childhood is also associated with the pathologies of parent-child interactions. Future research is needed to clarify this association.

P618 Compromised caregiving: Contributions of attachment trauma to postpartum depression and maternal self-efficacy

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Introduction: Maternal self-efficacy, or feeling efficacious in the mothering role, predicts sensitive and responsive caregiving. Low maternal self-efficacy has been associated with a higher incidence of postpartum depression; emotional support, though, has the potential to improve both. Maternal self-efficacy and postpartum depression have both been linked independently (in separate studies) to the experience of violent trauma, childhood maltreatment, and spousal abuse. Studies examining trauma typically assess whether the event has occurred, not the person's reaction to it. This study is the first to examine mothers' distress and helplessness stemming from trauma in attachment relationships in relation to postpartum depression and maternal self-efficacy; the role of emotional support was also considered.

Aims: This study proposed a model where postpartum depression mediates the relation between attachment trauma and maternal self-efficacy; emotional support was proposed as a moderator for the pathways between attachment trauma, postpartum depression, and maternal self-efficacy.

Material/Methods: Participants were 278 first-time mothers of infants under 14 months. All mothers self-identified as experiencing postpartum depression, making this a sample that is already at higher risk of compromised caregiving. Data were cross-sectional and collected via internet survey. Mothers completed questionnaires on attachment trauma, maternal self-efficacy, postpartum depression, and emotional support.

Results: A moderated mediation model was tested in an SEM framework using Mplus' estimate of indirect effects. Postpartum depression fully mediated the relation between trauma and maternal self-efficacy. Emotional support moderated only the pathway between postpartum depression and maternal self-efficacy.

Conclusions: Attachment trauma has important implications for maternal self-efficacy, however, those implications are in the context of the woman's overall mental state. The mediation model indicates that mothers at the greatest risk from attachment trauma are those who also experience postpartum depression. Clinicians should be aware of the complex range of how trauma histories relate to mothers' psychological wellbeing.

P619 Multi-traumatized mothers involved in the child welfare system. The idealization versus anger as a distortion representation of the own abusing parents

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Introduction: Mothers of children placed in foster care have in common the presence of multiple traumatic events that have wounded them along of their life. These mothers have shared a large spectrum of multiple co-occurring social and personal maladjustments: more economic and housing problems, intimate partner violence, substance-abuse history, several mental and personality disorders, less social support and serious difficulties in taking appropriate care of their children. Previous research of our team have found an association between abusive parental experiences received in the own mother's childhood and their insecure and also disorganized attachment pattern. Despite these common features it is relevant to study in depth the different mind's defensive process presented by this population in order to design more specific intervention programs.

Aims of the study: To understand the particular types of distortions in cognitive processes related to multi-traumatized mothers with children that has been placed in temporary custody under the supervision of Child Protective Services.

Material and methods: 14 Mothers were recruited from local child protection services. Adult Mental Representations of attachment were collected by Adult Attachment Interview (AAI). Cumulative risk factors were gathered with Inventory of mother's familiar, social and contextual data, created by our research group.

Results: Seventy percent of the mothers studied idealized one or both parents. Our data suggest a lack in the ability to connect with the internal anger provoked by the maltreatment experiences suffered and the use of idealization as a defensive mechanism. **Conclusions.** From a psychodynamic perspective the high level of idealization versus anger is discussed as the necessity to preserve some small good enough memories of the parental care. Understanding the mental processes of these women is essential to guide the design of therapeutic treatment that they require in order to provide a more secure attachment to their children.

P620 Substance dependent mothers' experiences with care providers: Understanding the impact of the social construction of motherhood

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Introduction: Substance dependent mothers may contend with judgment – even from their care providers – which may serve as a barrier in accessing recovery and parenting support. Societally, motherhood is often constructed as a virtue and essential to the identity of a woman – creating difficult expectations for these mothers (Kilty & Dej, 2012). Furthermore, in the U.S., substance dependent mothers are often represented in popular discourse as deviating from this socially constructed ideal. Providers may experience personal conflict in navigating the influence of this social construction and their concern for children. Understanding how substance dependent mothers experience providers' perspectives in their interactions can offer insight into providers' impact on mothers seeking parenting support.

Aims of study: This study is part of a qualitative needs assessment to develop a perinatal intervention for families impacted by substance dependence. Its aim is to understand the experiences of women who are substance dependent in their interactions with care providers during the perinatal period, and the complex influence of various factors.

Methods: Semi-structured retrospective interviews were conducted with 21 mothers (M age= 29) of children 4 years old or younger who used opiates (e.g., heroin, methadone, painkillers) or cocaine during pregnancy. Interviews were coded by the research team using thematic analysis with grounded theory techniques.

Results: Findings highlight complexities in mother-provider interactions that may be influenced by ideals of motherhood. Conflicting themes include: unsolicited provider statements on reproductive choices, disregard for the women's right to privacy, derisive comments related to motherhood and substance use, as well as offerings of helpful information and support.

Conclusion: While recognizing that care providers' perspectives are complex and multi-determined, these findings suggest the need for providers to consider the impact of their interactions with substance dependent mothers. Such consideration may lead to improved support and outcomes for mother-child dyads.

P621 Effectiveness of a psycho-pedagogical and counselling intervention program in a Counselling Centre in Addis Abeba with Ethiopian young girls victims of sexual violence

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Background: Sexual abuse on children causes negative effects on physical and mental health, both in the short period (dissociative symptoms, deficits in emotional regulation, depression, ADHD) and in the long period (dissociative symptoms, depression, anxiety, PTSD) (Putnam, 2003; Swenson et al., 2012). In Ethiopia children who were victims of abuse show: poor social support, low level of self-confidence and intrusive thoughts (Wondie et al., 2011).

Aims of the study: The research is funded by Il Sole Onlus and aims to assess the effectiveness of an psycho-pedagogical and counselling intervention program in a Counselling Center in Addis Abeba with Ethiopian young girls who were victims of sexual violence.

Methods: 19 Ethiopian girls (mean age 9.7 years), victims of sexual abuse, were evaluated three different times (baseline, after one and two years) on: Post-Traumatic Stress Disorder with the

TSCYC (Briere, 2005), behavioral problems with test CBCL (Achenbach & Rescorla, 2001) and the representations of the child about his family and the relationships between its members with Design of the Family test (Corman, 1967; Fury, Carlson & Sroufe, 1997).

Results: Through statistical analysis, after two years of treatment results showed a significant decrease in the girls of: anxiety, intrusive symptoms related to abuse, increased arousal in response to trauma, social problems, attention problems and rage. It was also observed an increase in positive feelings related to the family members.

Conclusions: The research demonstrates the effectiveness of two years of psycho-pedagogical and counselling intervention with girls victims of sexual violence, in order to obtain a significant decrease in the majority of the risk areas of the subjects and an increase in their psychological well-being.

P622 Assessment in child abuse and the importance of an early multi-focal approach: a clinical exemplification

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Introduction: The ecological model of human development underlines the importance of considering the complex, reciprocal and dynamic set of interactions between individuals, their families and environments. Protective or risk *proximal* factors, such as caregivers' individual characteristics, parent-child relationships, child's individual features, have a direct influence on child development, while *distal* risk factors have an indirect negative impact. Child abuse and neglect represent one of the more severe conditions that can negatively influence child developmental trajectory.

Aims: The aim of the present work is to highlight the functioning in a family involved in an abuse condition, considering pre-birth risk factors but also relational and representational protective and risk factors.

Description of the work: Within this work, we consider a family assessment management in a six month baby and his parents, all involved in a child abuse condition. The assessment has been conducted in "Centro Provinciale G. Fregosi" - Spazio Sicuro, a specialized centre in Rome for the management of child abuse situations. The child's clinical assessment is a comprehensive and multi-focal evaluation that takes into account not only possible symptom patterns, but also the underlying dynamics, the individual's subjective experience, relational patterns, and emotional functioning. In order to describe the infant's functioning, we use the Psychodiagnostic Chart for Infancy and Early Childhood (IEC). Parenting competencies are evaluated both at a representational level with the use of the Adult Attachment Interview, and at the interactional level through video sessions. Parent-child relationships is coded with Coding Interactive Behaviour (CIB), a global rating system for social interaction.

Conclusions: This work highlights the importance of an early assessment in child abuse conditions that have to consider emotional functioning and regulation, but also relational patterns, for the comprehension of risk and protective factors, in order to understand the prognosis and better adjust treatment.

P623 Mellow Futures: A relationship based perinatal group for mothers with learning difficulties and disabilities

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In 2010, just under 13,000 children in England were “in need” and 1200 were “looked after” due to parental disability or illness, and around 7% of people with a learning difficulty or disability (LDD; with or without diagnosis) are parents. This group of parents can find themselves under scrutiny from traditional social services, often feeling that they have been “set up to fail”. However, when they are supported in an appropriate way they can parent successfully. Mellow Futures is a perinatal group programme developed to support parents with LDD in bonding with their baby and forming good relationships. The programme is based on existing Mellow Bumps and Mellow Babies programmes, with resources adapted for accessibility and the inclusion of volunteer mentors to support parents throughout the programme and in the transition from antenatal to postnatal phases. This programme has been piloted in England and Scotland, with approximately 40 mothers with LDD taking part. Detailed interviews were conducted with participants, facilitators, mentors and referrers throughout the group process to capture the impact of the programme. The pilot phase will be completed in March 2016, at which point results will be available for distribution. So far mothers have reported increased confidence in parenting and in forming relationships with peers and services. Facilitators report increased confidence in group participants and a decrease in anxiety, as well as improvements in their interactions with their children. Mellow Futures appears to successfully engage mothers who mainstream services have failed to engage previously, and increases confidence in further uptake of services. This programme is accessible and acceptable to the mothers, and facilitators report such positive experiences that requests for a further programme for toddlers are common. This poster will present our results thus far, and make recommendations for further delivery of the Mellow Futures programme.

P624 Depressive and anxiety symptoms among substance-abusing pregnant women at hospital maternity policlinic

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Introduction: Prenatal substance abuse, depression and anxiety constitute severe biological and psychosocial risks for the wellbeing of the mother, the baby and their developing relationship. Early interventions focusing on mentalization can mitigate the negative effects of these risks. Prenatal parental mentalization refers to parent’s capacity to reflect her/his own mental states and fetus-baby’s developing personality, and it is considered an important factor for parental-fetal emotional connectedness and early relationship with the baby.

Aims of the study: The new prenatal intervention focusing on mentalization was designated for public health care. The intervention includes two elements to enhance maternal prenatal mentalization: interactive use of ultrasound imaging and mentalization-focused pregnancy diary. Three 4D ultrasound sessions take place at the maternity outpatient clinic at 24, 30 and 34 gestational weeks, and three sessions are offered around the pregnancy diary. The main interest of the current sub-study was to explore depressive and anxiety symptoms and their change during pregnancy among these mothers, both in intervention and control groups.

Material and method: The participants were 95 pregnant women referred to the hospital maternity policlinic from primary health care centers due to substance abuse. The inclusion criteria were the pregnancy duration less than 22 gestational weeks at referral and singleton pregnancy. The study design was randomized and controlled.

Results: The data is currently under statistical analyses. In the poster presentation, the following results will be presented: 1) prevalence rates, level and range of prenatal depressive and anxiety symptoms among this high-risk group 2) differences between intervention and control groups 3) factors associated with the level or change in prenatal depressive and/or anxiety symptoms and 4) the effect of these symptoms on pregnancy and perinatal outcome.

Conclusions: The strengths and limitations of the intervention and study will be presented, and the clinical implications of the findings discussed.

P625 Young girls who face motherhood in the context of drug-addiction. Which characteristics in terms of personality, cognition and alexithymia?

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Introduction: Substance use disorders (SUD) are associated with several bio-psycho-social risk factors, which become even more worrisome if they intertwine with other two conditions of vulnerability: youth and motherhood. Young drug-addicted girls are at great risk for unintended pregnancy and in many cases they continue to use substances during the prenatal and postnatal age. SUDs encompass a number of impairments in terms of dual diagnosis, cognitive deficits and alexithymia, which contribute to the development and the maintenance of the disorder and they interfere with its treatment too. Nevertheless, little research has explored these domains in young drug-addicted girls, and even less in groups of addicted mothers in their early adulthood.

AIMS Within the general purpose of investigating risk factors associated with parenting, the present study intends to explore potential characteristics of young drug-addicted mothers in the domains of cognition, personality and alexithymia.

Material and methods: 2 groups of young girls (aged 18-25), admitted to a therapeutic community program, were involved: 10 drug-addicted non-mothers and 10 drug-addicted mothers. Personality was assessed with the q-sort Schedler Westen Assessment Procedure-II (Schedler, et al., 2014), neuropsychological functioning with the protocol Esame Neuropsicologico Breve-2 (Mondini, et al., 2011) and alexithymia with the self-report Toronto Alexithymia Scale-20 item (Bressi, et al., 1996).

Results: Both drug-addicted mothers and non-mothers reported high rates of personality disorders (70-80% respectively), impaired global cognitive profile (40%) and alexithymia (20-60%). Non-parametric statistics revealed significant differences in paranoid and hostile personality traits, with mothers showing higher levels of dysfunctional traits. On the other hand, non-mothers reported more alexithymic difficulties, namely identifying their own inner states, and slightly more memory impairments.

Conclusions: Given the presence of notable impairments in young mothers with SUDs, further studies should investigate whether and how these problematic features might adversely affect parenting and early mother-child interaction.

P626 The role of the baby's father in breastfeeding among young, low-income mothers

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Introduction: Long-term breastfeeding rates among young mothers in the U.S. remain very low. Encouragement from the baby's father can promote breastfeeding among older, married mothers, but the effect of father encouragement for younger mothers is less clear.

Aims: This paper examines the extent to which the father's views on breastfeeding are associated with breastfeeding among young mothers.

Methods: 312 pregnant women participated in a study of doula/home visiting services. 251 women (mean age=18.4 years, SD=1.8) completed interviews at two time points prenatally and at 3 weeks postpartum. Mothers were low-income, lived in three U.S. cities, and were ethnically diverse. At baseline (mean gestational age=25.6 weeks), 69% were in a partner relationship and 27% were co-residing with the baby's father. At 37 weeks of pregnancy, mothers were asked about the father's views on breastfeeding. At 3 weeks postpartum, mothers reported on whether they had attempted breastfeeding, and whether they were currently breastfeeding.

Results: 157 (63%) mothers were in a stable, partnered relationship with the baby's father from baseline to 3 weeks postpartum, but being in a stable relationship was not significantly associated with attempted breastfeeding (90% vs 82%, $\chi^2(1)=3.2$, $p=0.07$) or breastfeeding at 3 weeks (55% vs 48%, $\chi^2(1)=1.12$, $p=0.29$).

160 mothers (64%) knew the father's opinion on breastfeeding, of whom 73% reported that the father had positive, encouraging views. Mothers who reported that the father supported breastfeeding were significantly more likely to attempt breastfeeding (95% vs. 77%, $\chi^2(1)=11.5$, $p=0.001$) and continue breastfeeding at 3 weeks (62% vs. 35%, $\chi^2(1)=9.6$, $p=0.002$) compared to mothers who reported that the father held negative or ambivalent views.

Conclusions: Young, low-income mothers who believe that the baby's father is supportive of her breastfeeding may be more likely to attempt and continue breastfeeding in the early postpartum period.

P627 Stepfather's relationship features

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A raising number of studies have been demonstrating that the father-child relationship in traditional families is linked to the quality of parental relationship. However, in order to explore how much the father-child relationship itself influences this linkage, the present paper used evolutionary approaches which clearly differentiate between biological and step children assuming that marital satisfaction is specifically crucial if stepfather-stepchild relationships are at stake. In the present study, we therefore asked whether and how much qualities of parental relationship and marital satisfaction affects stepfather-stepchild relationships as compared to biological father-child relations. The data set came from CENOF (Central European Network on Fatherhood) where N=229 stepfathers among other men from Austria, Germany and Switzerland participated in an online survey (=internet data). Family situation, partnership quality, and the felt closeness toward the children were assessed, beside other parameters. In addition, n=19 Austrian stepfamilies took part in a field study (=field data) which allowed usage of more detailed measurements capturing similar information based on the Family System Test (FAST), Marital Satisfaction Inventory (MSI-R) and the Mate Value Questionnaire (MVQ). Results of the internet data showed that stepfathers

reported higher closeness to their biological children than to their stepchildren. Interestingly, the reported closeness towards stepchildren was lower when the stepfathers had biological children living in another household. However, stepfathers felt closer to their stepchildren if they had more contact with the stepchildren and stepfathers' expectations had been met by them. Moreover, the higher marital satisfaction was, the closer the stepfathers felt to their stepchildren. These results were confirmed by the field data suggesting that stepfathers having own children from preceding relationships show difficulties feeling close to their stepchildren, especially if the stepchildren do not meet their expectations. High partnership quality, however, may be seen as important compensatory mechanisms in building up the stepfather-stepchild relationship.

P628 Using and gaining feedback about attachment and security in aboriginal parenting

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A project was developed within a child protection service to both develop understanding of attachment and security for the workers carers and parents involved with the service, and gain feedback about this learning. More than 50% of children in care in Western Australia are aboriginal. Within the decisionmaking and planning for reunification terms like attachment and degrees of security are commonly used. How are these understood by caseworkers and aboriginal staff and aboriginal carers? Group learning was provided in this area with a well regarded programme and follow up group supervision was held with those who had attended, aboriginal and non-aboriginal. Interventions were provided to carers and interviews were then facilitated. Aboriginal parents and carers who had completed the training were asked about how suitable they had found it for their families. Reflective cultural supervision sessions for the aboriginal staff and psychologists were conducted. The presentation will discuss the methodology, with emphasis on the feedback from aboriginal staff and carers. The positive feedback suggested it is worth engaging caregivers and staff in this training

P629 Correlates of maternal anxiety during the perinatal period in Turkey

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Introduction: The perinatal period is a unique time in a woman's life given all the physiological, psychological and social changes encountered. Perinatal anxiety is more prevalent than depression in both men and women but it is not well studied as depression.

Aims: The present study was designed to investigate the relationships between perinatal maternal anxiety and different maternal psychosocial variables, psychiatric symptoms, attachment style, perceived social support, and paternal factors.

Method: Expectant mothers in the second and third trimester of pregnancy were invited to take part in the research. Expectant mothers and their partners completed the socio-demographic data form, Adult Attachment Style Scale (AASS), State Anxiety Inventory (STAI), Multidimensional Scale of Perceived Social Support (MSPSS) and Brief Symptom Inventory (BSI) during the initial

interview. In the follow-up interviews postpartum, each mother filled out a postnatal data and the STAI. Data from 188 expecting mothers and their partners were included.

Results: Median age of the mothers was 29 years, and half of the women were first time mothers and 82% of the pregnancies were planned. The rates for high maternal anxiety were 28.4% and 12.1% in the prenatal and the postpartum periods and maternal anxiety scores were significantly higher in the prenatal period. Maternal prenatal anxiety scores were positively correlated with maternal avoidant and ambivalent attachment scores, all BSI scores, paternal anxiety scores, and negatively correlated with maternal education level and family social support scores. Working and veteran mothers had lower prenatal anxiety scores. Higher postpartum maternal anxiety scores were positively correlated with prenatal anxiety scores and associated with secure maternal attachment style.

Conclusion: This study provides information about perinatal anxiety in a community sample of mothers. It is important for health professionals to recognize anxiety to understand adjustment difficulties in new parents.

P630 Prenatal depressive symptoms ameliorating in the postpartum period: which factors contribute?

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Introduction: The perinatal period is a time of great vulnerability to depressive episodes with significant negative impact on not only the woman but also the infant and the family. There isn't a clear distinction between the prenatal, postpartum and not pregnancy related depressive episodes. In the 5th revision of the DSM, the term "peripartum onset" as a specifier for major depressive episodes occurring during pregnancy and/or the post-partum period. The specifier discards the potential distinctions between depressive episodes occurring during pregnancy and postpartum.

Aim: The present study was designed to investigate the different maternal and paternal psychosocial variables in women with depressive symptoms (DS) in the prenatal but not the postpartum period.

Method: Expectant mothers (n:245) were screened for DS using Edinburgh Postnatal Depression Scale (EPDS) in the second trimester of pregnancy. Expectant mothers and their partners completed the socio-demographic data form, Adult Attachment Scale (AAS), State Anxiety Inventory (STAI), Multidimensional Scale of Perceived Social Support (MSPSS) and Brief Symptom Inventory (BSI). Sixty-three women with prenatal DS above the threshold on EPDS were screened again for DS in the second month postpartum.

Results: Twenty-nine women had DS below the threshold in the second month postpartum. Maternal/paternal age and education level, maternal/infant health problems, being a first time mother, having a planned pregnancy and paternal psychosocial factors were not different between the groups. Mothers whose DS ameliorated in the postpartum had lower scores on the EPDS and

hostility subscale of the BSI; higher avoidant and ambivalent attachment scores on the AASS in the prenatal period.

Conclusion: This study provides information about different factors contributing to the persistence of DS in the perinatal period. Secure attachment and lower DS during the pregnancy are found to be potential protective factors for postpartum depression.

P631 Paternal risk for child development and maltreatment in parents of toddlers. Results from the German KiD 0-3 in-depth-study on psychosocial risk factors

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Introduction: There are plenty of risk factors associated with impaired parenting and child maltreatment (e.g. Stith et al., 2009). But up to now, especially in Germany, there are many unknown factors within this context. One of these is the father's role referring to this. In the research of psychosocial burdens and their risks for child maltreatment, he has been widely disregarded, although nowadays it is well known that fathers have a substantial contribution to their infants' development and consequently influence developmental parameters in positive as well as in negative ways.

Aims of the study: The German National Centre for Early Prevention conducted pilot studies ($n > 6.000$), applying a risk inventory on families, recruiting parents with a child aged zero to three. The questionnaire screened for risk factors from individual, family, social and interactional domains. According to screening data, 197 families with various risk levels were recruited for in-depth assessments at home at two time points (children's age about 12 and about 19 months).

Material and methods: Observational data on child adjustment as well as in-depth self report assessments with both parents were conducted, including child abuse potential (Brief CAPI), parental sense of competence (Self Efficacy Nurturing Role Questionnaire), perception of infants' emotions (IFEEL Pictures), adverse childhood experiences (ACE Questionnaire) and role distribution (Who Does What Scale).

Results: The attendance in our in-depth-study was overwhelming; fathers were included in nearly all possible cases (97% of the families). First data-analyses of t 1 show significant lower risk for child maltreatment of fathers (mainly as secondary caregiver) compared to mothers. In cohabiting families we found a negative effect of father's rigidity and anger on child's cognitive and speech development. In this presentation longitudinal data on the fathers compared to mothers will be presented.

P632 Portrait of foster parenting in Quebec – Words and experiences of foster parents

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Introduction: In Quebec (Canada), very little is known of foster families. Few researchers study the experience of foster parents. Yet, on a daily basis, they are required to care for vulnerable children who have been through many adversities early in their childhood. The current study seeks to give a voice to these parents in order to explore the process through which they construct their foster parenthood.

Aims of the study: This project aims to understand the experience of foster parents from the very beginning of the «foster family project». Three specific objectives are also explored: 1) to better understand the choice of this form of parenting; 2) to better define the resources and needs of these parents; and 3) to explore the specific experience of foster fathers.

Material and methods: This exploratory research is part of an inductive methodology based on parents' speech, following the grounded theory tradition. The research is still ongoing and the results presented here are therefore preliminary. We are conducting in-depth 60-minute interviews (2 per participant) with 10 Montreal foster parents. We are performing a qualitative conceptual analysis on all verbatim transcripts, sustained by QSR-NVivo software.

Results: Data collection and data analysis are simultaneously performed and preliminary results are already allowing us to see that the choice to become a foster parent is related to parent's identification with the foster child's experience. The participants report helplessness related to the challenging behaviours of the children, this leads them to question their initial choice of fostering them.

Conclusions: The findings may highlight the challenges that every person is likely to meet when developing a special relationship with a maltreated child. Our preliminary results allow us to describe parameters for a specific support to foster parenting; they also enlighten the challenges of selecting foster parent candidates.

P633 Holding the baby in mind across families in drug treatment, child welfare and court involved teen parents

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All too often, babies are treated as an "afterthought" for systems serving court-involved families. Three initiatives will be highlighted that bring babies to the center of court work. These initiatives focus on intergenerational cycles of complex trauma to address challenging parenting practices and poor outcomes for young children. Interventions that promote parent-child relationships are essential to shift the patterns of child maltreatment and long-term court involvement. This workshop will address strategies to help the judicial system and court-involved families to "keep the baby in mind." Specific programs will be presented that have helped the court focus on the baby and the parent-child relationship. (1) For substance using parents, the Circle of Security Parenting Intervention Program has shown to be efficacious due to its attachment-focused curriculum, one which may work well within the context of the neurobiology of substance abuse to stimulate dopamine in activating the same reward system that promotes substance abuse and promote the more adaptive and engaging components of the parent-child relationship. (2) For court-involved teen parents, Yale University's Minding the Baby® has been customized to address the needs of vulnerable young families with delinquency or dependency involvement. (3) For maltreating families, a unique statewide Early Childhood Court system has been implemented utilizing Child-Parent Psychotherapy to improve relationships and outcomes. These three evidence-based programs have been used to "hold the baby in mind" and promote the parent-child relationship as the main avenue for change and for the promotion of the positive and adaptive outcomes possible for young children.

P634 Trajectories of violence: abuse during pregnancy and parental practices in very young children

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Evidence shows that domestic violence potentially interfere negatively in the parenting process as a result of lower emotional readiness, leading to real change in the quality of parent-child

relationships, reflected in the adoption of less capable parental styles. (Calheiros & Monteiro, 2007). An especially concerning form of abuse is the one that occurs during pregnancy. The objective of this study was to evaluate the relationship between violence during pregnancy and parenting practices in very young children. 204 pregnant women, participated in this study, in their third trimester of pregnancy and their babies at twelve months of age, in the Obstetrics and Pediatrics Department of Hospital Pedro Hispano. Data was collected with the Conflict Tactic Scale 2, the Parent Behavior Checklist and the Griffiths Mental Development Scales 0-2 years. In this study we found that 107 (58.2%) pregnant women were victims of abuse by their partners. With regard to parenting practices we found that these women exhibit more aggressive behavior suggesting the more use of punitive practices (physical or verbal), report lower expectations regarding her child's competence/development, nevertheless showed the same positive behaviors of affection. When we consider the mental development in regards to parental behaviors adopted, we found that high expectations, as well as high punitive behaviors are related to low mental development in babies at one year of age, while high positive affect behaviors promote high mental development babies at one year of age. This study concluded that violence during pregnancy tends to affect the strategies and parenting styles chosen, and those were demonstrated to have direct impact on mental development, social of babies at one year of age.

P635 Reattachment therapy in pediatric ward: narratives of the sister suffered from intergenerational transmission of maltreatment in a family with anorectic mother(No1)

Katsumaru, M.¹, Katori, N.¹, Ikeda, M.¹, Tokita, N.¹, Sakai, M.¹, Watanabe, H.²

¹ Keio University School of Medicine, Pediatrics, Tokyo, Japan; ² Life Development Center Watanabe Clinic, Child Psychiatry, Yokohama, Japan

Introduction: Many mothers with chronic anorexia nervosa (AN) causes serious problems in their childcare, often leading to maltreatment and intergenerational transmission of psychopathology onto their offspring. We report on a family suffered from anorectic mother's psychopathological problem. Her daughter and two brothers were all emaciated. We separated them from morbid mother and conducted reattachment therapy for each of them at an appropriate place. The eldest sister was in pediatric ward and the elder brother was in orphanage, and the youngest brother was in both pediatric ward and orphanage.

Aims: Subject is the eldest sister. We investigated the strengths and difficulties of the reattachment therapy which was taken place in pediatric ward.

Description: The eldest sister A, a 16 year-old girl, was very small (height and weight below - 2SD) knew very little for her age. She was symbiotic with her ill mother, spoke nothing, and drunk only enteral liquid. A was admitted and was separated from ill mother, her medical staff became her secure base. A regressed and put a diaper on and drunk enteral liquid from a feeding bottle. She caused many flashbacks of her abused experiences and was scared of the mother coming to killing her because she is eating food. We carefully managed her narratives not to cause psychosis. After 4 years of admission, she started a new life for herself.

Conclusions: In the case of the mother who has deep psychopathology, separation from deep ill mother is essential for the child to build up their own ego. Indeed, to care for the child with deep psychopathology and avoid developing psychosis is very difficult and dangerous which needs specialized knowledge. Pediatric ward can offer warm sincere care like a second family, help the deep ill child to build up a new secure base and retrieved her true self.

P636 Promoting secure attachment formation (SAFE®) in a mother-child-unit of a prison

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Introduction: Children of incarcerated parents are at high risk for developing behavioral and mental health problems (Makariev, 2010) and insecure attachment relationships (Poehlmann, 2005) due to repeated relationship disruptions. Therefore, co-residence of mother and infants in prison might be beneficial as Byrne (2010) found a normal distribution of attachment quality in mother-infant units despite high proportion of insecurity in mothers (Byrne, 2010).

Aims of the project: With implementation of an adjusted version of the SAFE® (Safe Attachment Formation for Educators) program we aim at strengthening maternal parenting competencies, enhancing mother's sensitivity for the child's needs and helping them to reflect on their own attachment experiences. Prison employees are educated in attachment theory and its implications for their work with incarcerated mothers and their children. A major goal is to develop attachment-oriented guidelines for mother-infant units in prisons.

Description of the project: In a pilot project with an intended sample of N=10, mothers and their infants (0-3 years) in the mother-child unit of a German prison receive weekly, 90 minute group sessions (50 sessions) with two highly experienced SAFE® mentors including sensitivity training and discussion of general and specific attachment topics. Individual sessions in four week intervals with video-feedback intervention on diaper- and play-interactions are offered. Staff training and supervision is conducted in approx. 30 sessions. The intervention is accompanied by a scientific process and outcome evaluation.

Conclusions: We experience that mothers slowly build up trust and talk about their attachment experiences in the weekly group sessions. As intervention and data collection is ongoing, we now have to analyse individual developmental paths of incarcerated mothers and their children to discuss if adjusting conditions in mother-infant units can and/or have to be made and to find out resources and risks for a secure mother-child attachment development under the conditions of imprisonment.

P637 Risk factors for infanticide: analysis of judgements in a court of South Brazil

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Introduction: Infanticide is a crime occurred when a mother kills her own child under the influence of puerperal state, during or immediately after childbirth. It has not been very studied in Brazil.

Aims: To describe the risk factors associated with infanticide.

Material and methods: Judgements rendered in the period 2003-2013, availables on the website of the Court of Rio Grande do Sul State, were examined through thematic analysis.

Results: Most of the mothers were young, single, with low educational level and had no formal jobs. Furthermore, unwanted and concealed pregnancy, lack of prenatal care and unassisted birth were identified as associated aspects. Presence of psychiatric disorders was found in some mothers.

Conclusions: There is a pattern of risk for that offense in the cases analyzed, demonstrating the need for adequate care for pregnant women, either before, during or after childbirth, to prevent this type of fatality.

P638 Risk factors for motherhood among adolescents living with HIV

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Introduction: Adolescent motherhood in a HIV context is a theme that has not been very explored, specially in Brazil, despite the fact that pregnancy during adolescence is a very frequent event. Aims of the study: The present study aimed to identify the risk factors for the experience of pregnancy and motherhood in young mothers living with HIV.

Material and methods: A qualitative multiple case study was conducted with three young primiparous mothers HIV+ (17 to 19 years), whose babies were between 4 and 6 months old. Participants were recruited from specialized care services in Porto Alegre/RS, Brazil. Data were collected using social support and adherence to treatment questionnaires and a semi-structured interview.

Results: Seropositivity during pregnancy, low adherence to antiretroviral treatment and non-adherence to this treatment by their partners, as well as the difficulties related to the health services were identified as risk factors for a less positive experience of pregnancy and motherhood.

Conclusions: These findings indicate the need of an active search of pregnant or adolescent mothers living with HIV, as well as of including the partner in their health care. This will be important to minimize the impact of the risk factors and to facilitate the transition to motherhood.

P639 Reattachment Therapy in pediatric ward and orphanage: narrative of the brothers suffered from intergenerational transmission of maltreatment in a family: with anorectic mother (No2)

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¹ *Pediatrics, School of Medicine Keio University School, Tokyo, Japan;* ² *Psychiatric, Watanabe clinic, Yokohama, Japan*

Introduction: Many mothers with chronic anorexia nervosa (hereafter AN) causes serious problems in their childcare, often leading to maltreatment and intergenerational transmission of psychopathology onto their offspring. We report on a family suffered from anorectic mother's psychopathological problem. Her daughter and two brothers were all emaciated. We separated them from morbid mother and conducted reattachment therapy for each of them at an appropriate place. The eldest sister was in pediatric ward and the elder brother was in orphanage, and the youngest brother was in both pediatric ward and orphanage.

Aims: Subjects are the brothers. We investigate the strengths and difficulties of the reattachment therapy which was taken place in pediatric ward and orphanage.

Description: The youngest brother C, a five-year-old boy, was carried to the emergency room due to hypoglycemic seizure. His body weight was only 8.7kg. It revealed that mother had been starving her offspring in her obsession with 'uncontaminated food' which dwarfed them. The elder brother B was protected and separated from his family at first and started his new life in the orphanage. We were treated C in pediatric ward for ten months. When admission he wore girl baby's clothes with diaper and said no word. Gradually he could build a stable relationship with medical staff through amae and regression. Then he moved to the same orphanage while continuing our monthly play therapy. Both B and C swiftly gained weight and height and they could adapted the school life.

Conclusions: We made their new normal life in the warm family-like orphanage with our supervision to break the intergenerational transmission and help them recover their own self.

Japanese have been originally made child-rearing in a community. It is matched to Japanese climate to nurture a child in a group at an orphanage in case of severe psychopathological family.

P640 Developing parenthood: Facilitating continuity during home visits for a complex family in chaos

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Introduction: Many families face numerous risks that present barriers to providing developmental support for their young children. These risks accumulate, often leading to considerable stress and dependence on community services and social networks that may distract parents from children's developmental needs.

Aims: This case study follows one single unemployed mother with a new infant and a 5-year-old through a chaotic and stressful household relocation, while they are participating in a project involving the observation and description of developmentally supportive parenting behaviors.

Procedures: During this period, home visitors used video observations and the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) tool to identify parenting strengths that were then highlighted to the mother to extend her understanding of which behaviors are important to her child's development. Following the mother through two observation visits and two follow-up reflection visits showed increases in the mother's developmentally supportive parenting behaviors. During reflection visits, PICCOLO also helped guide attention toward the focal child more often. Despite a chaotic environment, a stressful move, and a non-resident father's occasional presence, home visitors were able to help the mother identify her strengths and goals. Recordings of the mother's comments reveal her expanded thinking about the ways she could support her youngest child's development. Later visits showed the mother's increased behaviors and reflection about the importance of her developmentally supportive behaviors. At the second follow-up visit she shared, "I'm using my words more" and referenced information provided in previous visits.

Conclusions: Home visitors working with parents of young children in complex multi-risk families benefit from a flexible yet specific guide to developmentally supportive parenting practices they can observe and talk about during home visits. Parents can use the concrete personalized examples to increase positive behavior after their visitor has gone.

P641 Kidstime Barcelona. Adaptation of the Kidstime Project in Spain

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Introduction: The Kidstime Project, developed in England, is an example of a preventive community-based intervention; it is a supportive and psycho-educational approach for families with parents who suffer from a mental illness.

Aims: Its aims are to facilitate resilience, minimise the impact of the mental disorder in the family and improving the parental skills.

Description: The project commenced in 2013, in Spain, after contacting the Kidstime Team in England, as a project of the "Cluster de Salut Mental de Catalunya," which consists of 3 institutions from the Baix Llobregat, Barcelona. During 2013-2014 two teams underwent training. From 2014, the workshops have been carried out. Families with parents receiving treatment for a diagnosed mental disorder, and their children between 5 and 15 were included. 10 workshops were carried out in 2014-2015, in a community setting such as a theatre and a library. The carried out activities included: developing film scripts, filming drama, psycho-educational family sessions,

and parental skills sessions. In the closing part, the families watched and discussed the videos filmed by children

Conclusions: We explain the intervention process, and the observational findings such as improvement in parents and children relationship, parental skills, a better understanding of the parental mental illness by the children.

P642 Kidstime Workshops. Multifamily interventions for children with parental mental illness

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Parental mental illness and its treatment have a profound effect on children, with 40% of affected young people requiring treatment themselves by the age of 20, as compared to only 20% in the general population. A child whose parent suffers a mental illness has a 70% chance of either developing that illness or related problems such as anxiety, depression, guilt, social isolation and loss of education. There are estimates that at least 2 million children in the UK in this situation. These effects are largely preventable. These children struggle alone with the guilt and shame of their parents' condition alone, alongside the fear that, should they ask for help, they will be taken into care. Kidstime works with children and families to help them come forward and connect with others similarly affected, break the walls of silence and learn to understand and manage their situation. Research has identified that information and the presence of a trusted, neutral adult as being the key to building resilience. This presentation will offer epidemiological data, descriptions of the workshop (using narrative, dramatic and psychoeducational techniques) in a fun, playful environment. It will also discuss a future research project examining outcomes, and raising awareness in schools.

P643

Kidstime Barcelona Adaptation of the Kidstime Project in Spain

Cardenas, M.

Psychiatry, Fundacio Orienta, Sant Boi de Llobregat, Spain

The Kidstime Project, developed in England, is an example of a preventive community-based intervention; it is a supportive and psycho-educational approach for families with parents who suffer from a mental illness. Its aims are to facilitate resilience, minimise the impact of the mental disorder in the family and improving the parental skills. The project commenced in 2013, in Spain, after contacting the Kidstime Team in England, as a project of the "Cluster de Salut Mental de Catalunya", which consists of 3 institutions from the Baix Llobregat, Barcelona. During 2013-2014 two teams underwent training. From 2014, the workshops have been carried out. Families with parents receiving treatment for a diagnosed mental disorder, and their children between 5 and 15 were included. 10 workshops were carried out in 2014-2015, in a community setting such as a theatre and a library. The carried out activities included: developing film scripts, filming drama, psycho-educational family sessions, and parental skills sessions. In the closing part, the families watched and discussed the videos filmed by children. We explain the intervention process, and the observational findings such as improvement in parents and children relationship, parental skills, a better understanding of the parental mental illness by the children.

P644

Kidstime assessment, a multifamily approach in order to increase the parental competencies in severe mental disorder and foment the resilience of the family

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Children living with a mother or father with a severe mental health disorder are a vulnerable group. The Kidstime intervention with the family could be a preventive approach. The aims of the study are to evaluate the effect of the intervention, "Kidstime" (multifamily workshops), on the resilience of the children, the competencies and self-confidence of parents, the self-esteem of the children and their parents, and satisfaction with the workshops to determine the effect of the "Kidstime" intervention over the use of other services. The project is a quasi-experimental design. It is evaluated in a family sample (parents and their children aged 5 to 14) that have interest and motivation to participate on the multifamily workshops in order to improve the parental relationship when one of the parents has a severe mental disorder and is served by a mental health community service. The sample was divided between families that can participate on the workshops (intervention group) and those that for schedule reasons cannot participate (control group). The poster will present the results of the intervention.

P645 Prenatal reflective functioning in primiparous high-risk women

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Maternal reflective functioning (RF) is gaining increasing interest as a possible intermediate mechanism in associations between a wide range of psychosocial risk factors and poor child outcomes. Maternal RF is defined as the ability of the mother-to-be to think reflectively about herself as a parent, her (future) infant, and the developing relationship with her infant in terms of mental states. However, to optimize children's socio-behavioral development that may be affected by poor parenting practices and parent-child interactions, it is important to understand which factors determine the quality of prenatal RF. The present study examined whether prenatal maternal RF differed between primiparous high-risk women and a low-risk control group, and determined which specific risk factors were associated with prenatal RF-quality in high-risk women. The sample consisted of 162 first-time mothers-to-be (83 classified as 'high-risk'). RF was assessed using the Pregnancy Interview. Risk status was evaluated using a structured psychiatric interview and several questionnaires. High-risk women demonstrated significantly lower prenatal RF compared to the low-risk group ($F(1,160) = 41.56$; $p < .001$). The presence of more risk factors was related to lower levels of prenatal RF ($r = -.34$, $p < .001$). Maternal education ($\beta = .23$), size of social support network ($\beta = .32$), and substance use during pregnancy ($\beta = -.25$) were the strongest predictors of prenatal RF-quality for the high-risk group ($F(4, 78) = 7.88$; $p < .001$). The results suggest that maternal prenatal RF could potentially be an important target for prevention programs aimed at stimulating adequate parenting skills and reducing the chances of adverse socio-behavioral development in offspring of high-risk families.

P646 Indicators of mentalization: a different way to capture parental reflective functioning

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The Parent Development Interview (PDI; Slade et al., 2004) is a well-known instrument used to

assess parental reflective functioning. Interviews are coded using the Reflective Functioning Scale adapted by Slade et al (2005). Interviews are given an overall score based on the use of different types of mentalization. Coders look for an individual's understanding of the opacity of mental states, the effort to understand that mental states can influence behavior/other mental states, and they can change over time. The PDI yields clinically rich and relevant information, however, it is criticized because only one cumulative score is given. The current study aimed to explore how indicators of mentalization were related to both demographic and psychosocial risk factors in a non-intervention urban sample of mothers. Mothers (N=52) completed self-report measures on demographics, depression & anxiety symptoms, infant temperament, and parenting stress and were interviewed using the PDI to assess RF. Descriptive statistics indicate that higher levels of demographic risk were associated with lower levels of RF ($r = -.326$, $p < .05$), the use of fewer types of mentalization ($r = -.454$, $p < .001$), the number of scores above a 5 ($r = -.297$, $p < .05$), and the frequency of opacity ($r = -.71$, $p < .001$). Interestingly, the use of opacity was negatively correlated with total CES-D score, ($r = -.295$, $p < .05$). The current study was interested in examining different types of mentalization and risk. Findings indicate risk was significantly correlated with lower levels of RF and the use of opacity on the PDI was negatively correlated with mental health symptoms. These findings may be relevant for parenting interventions, however more research is needed to better understand how to interpret and utilize information from the PDI.

P647 Mentalization mediates the relationship between early maltreatment and potential for violence

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Vorständin des Instituts für Psychologie, Alpen-Adria-Universität Klagenfurt, Klagenfurt am Wörthersee, Austria

Aim: The present study investigates the role of attachment representations and mentalization as a protective influence on the relationship between early maltreatment and potential for violence in adolescence.

Methods: For the current study, 161 adolescents, aged 14 to 18 years, were recruited from high schools and youth psychiatry. Early maltreatment was assessed by the Childhood Experiences of Care and Abuse Questionnaire, attachment was assessed using the Adult-Attachment-Projective Picture System, mentalization was coded with the Reflective-Functioning-Scale (RF) from Adult Attachment Interviews. Potential for violence as latent variable was build by the Reactive Proactive Aggression Questionnaire and the presence of conduct disorder assessed by the Structured Clinical Interview. Using structural equation modeling, RF and attachment were tested as mediators on the main effect of early maltreatment on potential for violence.

Results: The main effect of early maltreatment on potential for violence could be replicated. Furthermore, this direct effect was partially mediated by RF but not by attachment representations.

Discussion: Results contribute to the idea that mentalization serves as a protective factor that may suspend the pathway from early maltreatment to violence in adolescence. Because of the transformation of attachment patterns into generalized cognitive models of attachment, attachment in adolescence may have a less pronounced effect on violence in this specific developmental phase. Future studies should test for gender differences which was not possible in the present study due to the limited sample size.

P648

The connection between traumatic experience of early maltreatment and child representations and symptomatology

Giovanelli, C.L.^{1, 2}, Carli, L.¹

¹ *Dipartimento di Psicologia, Università degli Studi di Milano - Bicocca, Milan, Italy;* ² *Centro TIAMA, Traumi Infanzia e Adolescenza, Maltrattamenti e Abusi, Milan, Italy*

Introduction: Physical, sexual, psychological and emotional abuse and neglect can be considered traumatic experiences, which have an impact on children's understanding and expectations of attachments and relationships and on their emotion regulation. This can influence their attachment pattern and their emotional and behavioural development. Narrative tasks, such as the Story Stem Assessment Profile (SSAP), offer the children an opportunity to express their expectations about self, others and relationships, especially attachment relationships (Hodges & Steele, 2000; Hodges, Steele, Kaniuk, Hillman & Asquith, 2009). An area of research that needs further study is the investigation of the link, in maltreated children, between the children representations and their symptomatology.

Aim: The present study investigates the connection between traumatic impact of experiences of maltreatment, children's representations of self, others and relationships and psychological well-being and the level of behaviour problem and symptomatology.

Participants: 30 maltreated and 30 non-maltreated children, aged 4 to 8 years old, participated in this research.

Methods: The measures used were:

- Story Stem Assessment Profile: to investigate child's representations of self, others and relationships and attachment pattern to parents (Hodges et al., 2013)
- Child Behavior Checklist: to identify problem behaviour in the child (Achenbach & Rescorla, 2000),
- Parent Stress Index: to evaluate the magnitude of *stress* in the parent-child system, as seen by the mother (Abidin, 1990),
- Trauma Symptom Checklist for Young Children: to measure the level of post-traumatic symptomatology (Briere, 2005).

Results and discussion: Preliminary data suggest that, irrespective of the maltreatment subtype, children showed more behavioural and post-traumatic symptoms and a disorganized pattern of attachment. In general, they represented the world as a dangerous place where protection is lacking and extreme violence often occurs.

P649 The impact of child maltreatment on mental health and development

Dörr, P.¹, Dittrich, K.¹, Murray, E.¹, Moebus, I.², Heim, C.M.², Winter, S.M.¹

¹ *Department of Child and Adolescent Psychiatry, Psychosomatic Medicine and Psychotherapy, Charité - Universitätsmedizin Berlin, Berlin, Germany;* ² *Institute of Medical Psychology., Charité - Universitätsmedizin Berlin, Berlin, Germany*

Maltreatment during childhood development is associated with an increase in risk of a number of psychiatric and medical disorders across the life span. Notably, affective disorders are related to early life stress. The objective of the Berlin Longitudinal Children Study is to analyze the immediate processes of biological embedding and the psychiatric consequences for maltreated children in relation to non-maltreated children, aged 3 to 5 years. Data presented here refer to the children's status of mental health in relation to maltreatment. The Preschool Age Psychiatric Assessment and the Maternal Maltreatment Classification Interview were conducted. Results indicate that more than two-thirds of the maltreated children experienced emotional maltreatment

and about a third physical maltreatment or neglect. On average, maltreatment started 3 years before testing, therefore the chronicity of maltreatment can be considered high. Irrespective of the maltreatment subtype, children did show significantly less cognitive and psychomotoric performance and more psychopathological symptoms compared to non-maltreated children. While symptoms of affective disorders appeared on a subclinical level, regulation disorders were classified in the majority of cases. Even though regulation disorders and the maltreatment itself caused enormous psychological strain to the family system, only a few children received an appropriate treatment or psycho-social support.

13:15 – 14:45 Symposium

New Perspectives about Diagnosis and Treatment of Feeding Disorders

Moderator: Ammaniti M.

Sapienza-University of Rome, Rome, Italy

Discussant: Fearon P.

University College of London, London, United Kingdom

Revision of the diagnostic criteria for Eating disorders in Infancy, DC 0-5

Keren, M.

IMH Unit, Geha Mental Health Center, Tel Aviv University Medical School, Petah Tiqva, Israel

Eating and feeding difficulties are a very common problem in the first three years of life and one of the most frequent reasons of referral to pediatricians. The uniqueness of infancy regarding the process of eating is the interplay between feeding (the interactional component) and eating (the infant's active role of opening the mouth and swallowing). The current DC classification (as well as the DSM 5) did not differentiate between the two, and as a result, relational-based as well as child-based eating problems are mixed up. In this presentation, we will review the new diagnostic criteria that DC 0-3R revision task force is suggesting, including the addition of a new category of Overeating Disorder. The differentiation between a feeding disorder as a main manifestation of a specific relational disorder and a pervasive, context-free eating disorder will be stressed out. A case will illustrate the usefulness of these changes.

Treatment of children with severe eating and feeding problems combined with a medical condition

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¹ *Preschool Psychiatric Unit, Soroka University Medical Center, Beersheba, Israel;* ² *Faculty of Health Sciences, Ben Gurion University of the Negev, Beersheba, Israel*

Treatment of children with severe eating and feeding problems becomes particularly complex when it is combined with a medical condition. Pediatricians that involved in the treatment of those children are facing a complex situation, when treating the medical condition is a major component of the care, but in many occasions is not sufficient to promote eating and feeding. Diagnosis and treatment of the interaction between parents and children and also - sensory regulation, behavioral and psychological components of the child, is essential to the success of the treatment. The existence of preschool psychiatric unit within a large medical center that includes a range of services for infants and children, allows unique collaboration between medical staff and psycho-social team. Two cases will be presented, the clinical cases will demonstrate the complexity of the diagnosis and the interdisciplinary therapeutic process.

A 5 years follow-up study on treatment and non-treatment of infantile anorexia

Ammaniti M.¹, Lucarelli L.², Cimino S.¹

¹ *Department of Dynamic and Clinical Psychology, Sapienza-University of Rome, Rome, Italy;*

² *Department of Pedagogy, Psychology, Philosophy, University of Cagliari, Cagliari, Italy*

Background Studies on Infantile Anorexia (IA) found correlations among irregular feeding patterns, negative and willful behaviors by the toddlers, and mother–child conflict during feeding. Moreover, mothers' insecure/disorganized models of attachment, drive for thinness, bulimia, and depression also correlated with mother–child conflict. Little empirical information is available on the links between IA and the subsequent development of eating disorders.

Aims: 1) To identify an association between maternal psychopathology and dysfunctional interactional patterns in a sample of mothers and their children diagnosed with IA; 2) To evaluate the original infantile anorectics, their health, growth, emotional development, comparing treatment and non-treatment outcomes.

Method: 72 children with AI, and their mothers were examined at 2, 5, 7 years, compared to a longitudinal sample of normally developing children.

Results: The natural course of IA highlights the risk of a continuity of the child's eating disorder and emotional dysregulation compared to controls; the maintenance of these difficulties involved continuity of maternal psychopathology. In comparison with the children and their mothers, in psychotherapeutic treatment, we found significant differences as regards to an improvement in children's malnutrition and emotional regulation.

Conclusion: Early intervention on parenting can facilitate children's self-regulation of eating, healthy growth and emotional development.

A 5 years follow-up study on treatment and non-treatment of infantile anorexia

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¹ *Department of Dynamic and clinical Psychology, Sapienza-university of Rome, Rome, Italy;*

² *Department of Pedagogy, Psychology and Philosophy, University of Cagliari, Cagliari, Italy*

Background: Studies on Infantile Anorexia (IA) found correlations among irregular feeding patterns, negative and willful behaviors by the toddlers, and mother–child conflict during feeding. Moreover, mothers' insecure/disorganized models of attachment, drive for thinness, bulimia, and depression also correlated with mother–child conflict. Little empirical information is available on the links between IA and the subsequent development of eating disorders and a few studies have addressed the course of early feeding problems.

Aims: 1) To identify an association between maternal psychopathology and dysfunctional interactional patterns in a sample of mothers and their children diagnosed with IA; 2) To evaluate, through a follow-up of the original infantile anorectics, their health, growth and emotional development, comparing treatment and non-treatment outcomes.

Method: 72 children, diagnosed with AI, and their mothers were examined at 2, 5, 7 years, compared to a longitudinal sample of normally developing children. Children with IA and their mothers, who were not in psychotherapeutic treatment, were also compared with a group of 33 children with IA and their mothers in treatment.

Results: The natural course of IA highlights the risk of a continuity of the child's eating disorder (lack of enjoyment of food, food fussiness, selectivity, and phobias) and emotional dysregulation (moodiness, aggressive behaviors, somatic complaints) compared to controls; the maintenance of these difficulties involved continuity of maternal psychopathology. In comparison with the children and their mothers, in psychotherapeutic treatment, we found significant differences as regards to an improvement in children's malnutrition and emotional regulation.

Conclusion: this study demonstrates that early intervention on parenting can facilitate children's self-regulation of eating, healthy growth and emotional development.

13:15 – 14:45 Symposium

Mother-Infant Emotional Availability in the Context of Physical and Mental Illness

Moderator: Flykt, M.

School of social sciences and humanities/psychology, University of Tampere, Tampere, Finland

Discussant: Puura, K.

Department of Child Psychiatry, University of Tampere and Tampere University Hospital, Tampere, Finland

Dimensions of Emotional Availability in Parent- Child Relationships in a Cohort of Infants and Toddlers Living with Cystic Fibrosis

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¹ *Murdoch Childrens Research Institute, Royal Children's Hospital The University of Melbourne , Melbourne, Australia;* ² *The Telethon Kids Institute and School of Paediatrics and Child Health, University of Western Australia, Perth, Australia*

Background: Cystic fibrosis (CF), is a severe, life shortening, inherited medical condition, diagnosed in the first weeks of life and requiring intensive daily treatment at home (physiotherapy, medication). Children living with CF and their parents report higher rates of mental health symptoms. (Quittner et al., 2007; Sheehan et al., 2012; Smith et al., 2010). However, the contribution of the child's psychosocial environment as a potential moderator of disease progression and severity is poorly understood.

Aim: To describe the qualities of parent-child relationships in a cohort of infants and toddlers diagnosed with Cystic Fibrosis through a newborn screening program.

Method: This cross-sectional study enrolled children aged 6 months to 6 years with cystic fibrosis who had been diagnosed by newborn screening and are participating in the CF Early Surveillance Program which includes regular measurement of clinical disease markers including lung imaging (computerized tomography) and markers of infection and inflammation. Relationship data was collected by videoing primary caregiving parent and child to in a 20 minutes free play situation in a clinical research room. The videotaped interactions were coded using the Emotional Availability Scales (Biringen et al.1998) .

Findings: Data is currently being analysed and findings for the sub-cohort aged 0-3 will be available by March 2016 in time for WAIMH congress. The paper will present both summative data about the child and adult ratings on EAS scales and descriptive data that illuminates the coding for particular participants. Implications of the findings for the design of clinical interventions in medical settings will be discussed.

Adult Attachment and Emotional Availability among Prenatally Depressed Mothers

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Introduction: Maternal pre- and postnatal depression and other mental health problems may be detrimental for mother-infant interaction. Prenatal depression may exert its effect via both harmful physiological effects on fetal regulatory systems and via interfering with parental preparation to parenthood. Mothers' adult attachment is also associated with her parenting. This study examines the effects of mother's attachment and pre- and postnatal depressive symptoms on mother-infant interaction and whether autonomous attachment serves a protective function from maternal depression.

Objectives: The aims were to study 1) the effect of maternal prenatal adult attachment on emotional availability at infant age of one year 2) whether maternal attachment security protects dyadic interaction from the negative effects of maternal depression

Methods: The study group consisted of 45 depressed mothers screened from the well-baby clinics in a Southern town of Finland using EPDS (scores above 9/10). Half of mothers participated in 'Nurture and Play'- intervention starting during pregnancy and targeting maternal RF and parent-infant interaction. Mother's adult attachment was measured with AAI during pregnancy and Emotional Availability was measured with EAS (4th ed.) at child age of one year. Maternal depressive and other mental health symptoms were measured during pregnancy and at 6 months and 12 months with EPDS and GHQ.

Results: Preliminary analysis show that only one third of depressed mothers had autonomous attachment style, and slightly over a fourth had unresolved attachment. Mothers also showed problems in emotional availability, and severity of depression was associated with more problematic dyadic interaction. Autonomously attached mothers were more sensitive than mothers with non-autonomous attachment, whereas maternal dismissing attachment was specifically associated with lower structuring. Maternal autonomous attachment seemed to buffer emotional availability from postnatal, but not prenatal, depressive symptoms.

Emotional Availability in Substance-Dependent Parents

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Introduction and aims: The impact of substance use on parenting and child development is well established. This pilot study aimed to assess changes in substance dependent parenting practices following completion of Parenting with Feeling (PWF), a 10 week group intervention targeting parental reflective functioning, emotional availability and attachment.

Design and methods: Demographic and psychosocial data were collected pre, post and 6 months (n=22, parents-infant dyads). Videorecorded parent-infant interactions were rated utilising

the Emotional Availability Scales (EAS, 4th edition).

Results: Parents who completed PWF had a mean age 30 years ($SD \pm 6.7$), were predominantly female (73%), non-Aboriginal (76%) had low levels of education (41% <Year 10) and high unemployment (96%), traumatic childhood experiences (100%), receiving and currently on opiate substitution therapy (73%) or other ambulatory substance use treatment. Infants were aged between 2 and 22 months. Pre and post data analysis showed clinical improvements in mental health symptoms, developmental knowledge and parental psychological health ($p = .013$). The presentation will primarily focus on comparison between baseline parent (sensitivity, structuring, non-intrusiveness, non-hostility) and infant emotional availability (responsiveness, involvement) compared to post intervention and 6 month follow up. There were low attrition rates for participants who commenced the group.

Discussions and conclusions: Preliminary analysis suggested that participants benefited from completing the PWF program. The analysis will also focus on the global benefits of participants attending the group and qualitative feedback.

Implications for Practice or policy: It is feasible to recruit parents with substance use problems into a targeted parenting program.

13:15 - 14:45 Brief Oral Presentations

Learning from the Infant's Capacities to Enhance Infant Care

Facilitator: Dayan, J.
France

Assessing tocophobia: development of a new scale

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Introduction: 2.5 to 11% of pregnant women are suffering of tocophobia i.e. an intense fear of childbirth. This disorder, often hidden by the future mother, is a major risk factor for perinatal depression, anxiety disorders and caesarian deliveries. Currently no practical tool has been validated to assess tocophobia during pregnancy.

Aims of the study: To assess psychometric properties of a 6-item, 4-point Likert self-questionnaire, the Tocophobia Assessment Scale (TAS).

Material and methods: Two successive prospective studies were intended. In the first study the TAS was presented to 612 women, attending prenatal care and consecutively enrolled, between 20-28 weeks of gestation, in Caen University Hospital. With an exploratory factor analysis we assess the number of dimensions of the TAS, measure the convergent validity with the State-Trait Anxiety Inventory (STAI-A) and the Edinburgh Depression Scale (EDS), the internal consistency with Cronbach's α and the reliability with the split-half method. In the second study (113 women, 25-35 weeks of gestation, Rennes) we used a similar methodology. We additionally assess the criterion validity with the Wijma Delivery Expectancy Questionnaire (W-DEQ). Both studies were approved by ethical committee.

Results The TAS appears to have an acceptable internal consistency (Cronbach's α of respectively 0.66 and 0.59), a good split-half reliability (Spearman coefficient of 0.75 and 0.65) and is positively and significantly correlated with the STAI-A ($r=0.35$; $p<0.001$; $r=0.44$; $p<0.0001$) and EDS ($r=0.50$; $p<0.0001$). A principal component analysis following a factor analysis show a two dimensional eigen space, one related to mother's health and the other to child's health. The

TAS was positively and significantly correlated with the W-DEQ ($r=0.47$; $p<0.0001$).

Conclusion : The TAS, presented here for the first time, is showing good psychometric properties for the application in research and a good acceptability for use in clinical practice.

How hand movements can predict typical or atypical developmental trajectories in five high and low risk infants cohorts aged 2 to 10 months

Ouss, L.¹, Le Normand, M.T.², Bailly, K.³, Leitgel Gille, M.¹, Gosme, C.¹, Simas, R.¹, Wencke, J.¹, Da Silva, T.⁴, Thepot, S.⁴, Afshar, M.⁴, Golse, B.¹, Guergova-Kuras, M.⁴

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Introduction: Prevention and early intervention are crucial in child psychopathology. Many researchers have tried to identify early specific and reliable risk factors of neurodevelopmental disorders in high risk infants before 12 months. Hand movement and trajectories might provide relevant information on developmental communicative intentions in infants from 2 to 10 months, especially around 7 months, during the transition from movement to communicative gestures.

Aims: The PILE (*Programme de Recherche International pour le Langage de l'Enfant*) study aims to determine whether automated recognition of hand movement in an ecological interactive setting is a useful and reliable clinical tool to characterize typical or atypical developmental trajectories.

Material, methods: Five high and low-risk infants cohorts were included: West Syndrome (WS, N=25), Preterm Birth (PB, N=13), Orality Disorders (OD, N=16), Infants from visually impaired mothers (VIM, N=14), Early hospitalization (EH, N=7), and typically developing infants (TD, N=19), aged 2 to 10 months. Videorecorded longitudinal data were collected in three different ecological face-to-face interactive contexts. Sixteen descriptors of the planar trajectories were used to determine to what extent characteristics of the hand movements are associated with age and cohorts.

Results: Results show that (i) kinematic features in relation to spatial, curvature, acceleration and velocity characteristics of the trajectories were significantly associated with age in all cohorts (ii) kinematic features of hand movement reaching to an object and interactive gestures showed significant differences around 4-5 months (iii) the extent to which the environment influences the hand trajectories was particularly relevant for infants with VIM (iv) for infant with WS when developmental age was considered, only the curvatures of the hand movements reflected atypical development.

Conclusions: Kinematics of hand movements in an ecological context is a relevant way to explore developmental trajectories and provide suggestions for an early detection of developmental risk and for early interventions.

Antenatal coordinated care enhances maternal health and protects the infant sensorimotor and psychomotor development

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Introduction: Increasing evidence about early brain, emotional and psychomotor development of the infant, has highlighted the particular importance of early perinatal intervention. In France, new

interdisciplinary practices and health policies have been created, but the question concerning their efficacy remains unanswered.

Aims of the study: Our objective was to assess the impact of the antenatal coordinated care (ACC) on the infant development, the maternal wellbeing and the mother-infant relationship.

Material and methods: We conducted a first study on 153 infants with functional troubles between 2 – 28 months of the postpartum, divided into those whose parents had received antenatal care (AG=60) and those whose parents consulted for the first time at the postpartum (PG=93). Their development was evaluated with the Bullinger Sensori-Motor approach and a psychomotor exam.

A second study evaluated the impact of the antenatal psychological care provided to 58 women presenting psychopathology during pregnancy and their infants. The maternal affective evolution was assessed between 3-18 months of the postpartum by a semi-structured interview and self-report scales measuring postpartum depression (PPD), anxiety and birth-related posttraumatic stress. The infants' psychomotor and emotional development was assessed by the Revised Brunet-Lezine scale and the Alarm Distress Baby scale.

Results: Our first study showed that 67% of the PG infants had sensorimotor particularities and psychomotor retardation versus 36% of the AG infants. This significant difference persists at all ages.

In our second study, no correlation was found between the maternal psychopathology and the infant's development. For most infants we found positive psychomotor development and good mother-infant interactions. Moreover, contrary to previous studies, only 39% of antenatal depression evolved into a PPD.

Conclusions: The ACC reduces the risks for later infant developmental troubles and postnatal depression. Effective screening of vulnerable mothers and early psychomotor intervention are the milestone of perinatal health promotion.

Structure not cause: the narrative-structural approach to formulation; an alternative to the biopsychosocial model

Goodfellow, Ben P

Infant and Child Psychiatry, Geelong University Hospital, Melbourne Victoria, Australia

The orthodox approach to formulation is the biopsychosocial model. While readily constructed from the '4 Ps' it is both limited and limiting in guiding the clinician in their listening, thinking and action because of two fundamental flaws: it seeks to discern the Cause of established Concept. However, a method of formulation that distills firstly a particular narrative thereby establishing the trajectory of the presentation, then beyond this elaborates and articulates the structure of the problem - psychic, relational and social - can yield an understanding that can more readily permit change for infants, young children and their families who present with a certain suffering in its particular forms. A case example of an Aboriginal child from remote Australia illustrates this approach that can be embraced in any clinical setting.

Prematurity and migration: exchanges between women in a maternity talk group

Radjack, R.

Infant psychiatry, Hospital Cochin, Paris, France

Since May 2015, we have started a talk group welcoming women from different backgrounds and presenting with various issues at *Maternité de Port Royal*, one of the biggest maternities in France, located in the heart of Paris. This group, focused mainly on isolated migrant women, intends to mitigate and in some way overcome the feeling of isolation and loneliness, given the

distance between these women, their families and communities. This support is particularly important at this life stage, when reassurance and protection usually provided by the cultural group are most needed but frequently lacking. The exchanges in the group are mostly focused on different ways of mothering across cultures and the blending of multiple mothering techniques emerging from the migratory situation. Not infrequently, these mothers were confronted to a traumatic event back in their premigratory past and/or they find themselves in a situation of precarity in the host country. Therefore, this group can also represent a sustaining place for verbalizing traumatic narratives, giving emphasis to empathy while avoiding emotion overwhelming, which may complement individual follow-up measures. Moreover, it provides a safe and nurturing environment for the babies during their first socialization experiences, allowing at the same time the caregivers to observe and mediate mother and baby interaction. Concerning the mothers' feedback, this group was identified as particularly beneficial as a mean to communicate and elucidate some cultural misunderstandings related to prematurity notions and associated care giving procedures. We propose to present the background and genesis of this talk group, and to convey what we learned from practice with this patients till the present moment.

13:15 - 14:00 Workshop

Hello womb mummy! Characteristics of care arrangements in infancy and later mental representations of self, relationship and belonging. A qualitative study with eighteen preschool children in foster and institutional care.

Mögel, M.

Forschungsabteilung, Marie Meierhofer Institut für das kleine Kind, Zürich, Switzerland

Introduction: Out-of-home placements of very young children involve a deep interference in their relational world and later personality development. There is much evidence that interventions to optimize new attachment and resilience in early foster relationships are needed. Moreover, favourable foster child development outcomes seem to be connected with a sense of belonging felt by children and their foster parents in daily experiences of shared inclusion and commitment (Wendland 2008; Bernard & Dozier, 2011).

Aims of the study: Although the onset of belonging as a primary motivational system is claimed to take place earlier and independently from attachment (Lichtenberg 2011), instruments to assess belonging in early childhood are missing. The aim of our explorative study with 18 looked after children aged 3 to 6 is therefore to understand more about how these children experience belonging in their rather complex care settings and how they actively contribute to it, what kind of relationship can be seen between children's own perspectives to their relational worlds and the extent of coherence or fragmentation in their life contexts?

Material and methods: Children's representations of self, relationship and belonging were collected in video recorded narratives with the MacArthur Story Stem Battery (Yuval-Adler & Oppenheim, 2015) in an adaptation to the life situations of looked after children. These narratives were compared with information about characteristics of care, retrieved from interviews with caregivers and by questionnaires about life events and children's mental health conditions (CBCL 1 1/2-5, Achenbach 2000).

Results & Discussion: We will present video-examples of children's narratives in comparison with data on fragmentation and coherence in their relational worlds with emphasis to children's infancy.

14:00 – 14:45 Workshop

Lullaby, holding and consecrating memory: The African nanny as ‘other- mother’ by Jeanine Beukes

Beukes, J.

Western Cape Association for Infant mental Health, Western Cape Association for Infant Mental Health, Cape Town, South Africa

With women entrenched in the formal work sector globally, the role of nanny is likely to continue. This teach- in acknowledges the vital role that nannies over the centuries have played all over the world, in providing the necessary containment and nurturing for the infant's psychological growth. A number of clinical vignettes and film taken over a period of 12 years will be presented to illuminate various concepts and rhythms that are co-created in the Other container. Lullaby, Language, Holding, Honouring and Consecrating memory are each explored. Each enriches the container inhabited by a nanny co-parent in order to contribute to the healthier development of babies. The depth and richness provided by a broader range of lullabies, language and, ways of being held, serve to provide greater chance of attunement in the dance of interaction between carer and infant. The more emergent in-the-moment less linear approach to infant rearing in African culture, provide healthy complementary alternatives to a baby finding his way in a new world. This exploration is holistic in nature, not simply limited to the nanny, but rather including an examination of the complex roles that the external nanny symbolises. The nanny can be viewed both as potential help for the infant while often/also perceived as vile threat to mother's concept of self as good-enough mother. When mother manifests a high degree of injured self, she can unintentionally wound her precious baby, potentially violating the additional containment offered by the nanny which could have nurtured the mother-infant dyad. Respectful co-parenting greatly facilitates the infant's sense of self. From Moses' mother-nanny to Churchill's beloved nan and extending to the nannies of thousands of children in South Africa, this paper looks at what facilitates and that which undermines and corrodes that vital relationship, to safeguard the emotional wellbeing of our infants.

13:15 – 14:00 Symposium

Who is the patient in Parent-Infant Psychotherapy?

Moderator: Hommel, S.^{1, 2, 3}

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Who is the patient in Parent-Infant Psychotherapy? Observation of the relational quality and clinical use of the Parent-Infant Relational Assessment Tool – PIRAT Global Scales

Hommel, S.^{1, 2, 3}

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Introduction: Assessment and intervention in Infant Mental Health often focus on parental or more common maternal indicators of resilience and risk and therefore do neither take the dyadic

nature nor the infant and it's contribution to the emerging parent-infant relationship into account. The signs of disturbed early mother-infant relations are often quite subtle and even interactions that do not immediately provoke anxiety in the observer can be precursors of later social and emotional difficulties. The Parent-Infant Relational Assessment Tool - PIRAT Global Scales (Broughton & Hommel, 2014; 2015) are an observational measure designed to assess the dyadic quality of parent-infant interactions and can be used by a range of health professionals with or without a clinical training and in a variety of work settings e.g. clinic, home, nursery. They offer an easy-to-use, flexible and time-efficient coding guideline to observe and assess the dyadic quality of the parent-infant relationship and can be used as risk assessment tool from 0 - 24 months, and can be applied to 'live' or video-taped observation of 10 minutes free play, with or without toys. Aim: PIRAT Global Scales provide a shared language for multi-disciplinary health professional teams undertaking assessments and therefore requiring a validated framework for identifying infants, parents and relationships at risk of developmental and emotional disturbances.

Description: We will present the clinical use of PIRAT Global Scales to systematize observation and thinking on the overall dyadic quality of the parent-infant relationship and indicators of resilience and risk in the infant, and discuss their use to define the focus of an intervention on short case studies.

Conclusion: The usability of PIRAT Global Scales as a screening instrument to identify infants and parent-infant relationships at risk and to assess changes in the parent-infant relationship over the course of a clinical intervention will be discussed.

Who is the patient in Parent-Infant-Psychotherapy? Using the AAI as a clinical assessment tool to look for "ghosts in the nursery" on parents' representations

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² Private Practice, Psychoanalytic Child and Adolescent Psychotherapist, Psychoanalyst and Parent-Infant Psychotherapist, Munich, Germany

Introduction: Parental or maternal difficulties to attune with their infants affective state and reflect on their infants experience and become a 'good enough' mother/parent are frequently based on their own early relational experiences and attachment representations. Therefore the Adult Attachment Interview (AAI), a semi-structured qualitative interview measure developed by Mary Main and colleagues (George, C., Kaplan, N., & Main, M., 1985) in order to assess attachment models in adults, is often used in parent-infant work to assess parental attachment models. The AAI is a powerful tool to focus on the representational level in psychotherapeutic parent-infant work.

Aim: We will present the clinical use of the Adult Attachment Interview not only as an attachment measure but also as an assessment tool on a descriptive level for mothers' representations.

Description: Especially when working with parents during pregnancy and in parent-infant-psychotherapy this interview provides an excellent way to focus and reflect on the 'ghosts in the nursery' with new parents who are prone to distorted perceptions and attributions towards their baby. We will highlight the clinical use of the AAI to address parental representations as a framework for parenting a newborn, to elucidate transgenerational transmissions onto the baby and to work through them by relating the experiences of parenthood to own childhood experiences.

Conclusion: The clinical relevance of particular AAI questions and scales to assess traumatic and disturbing attachment experiences of parents in their own biography will be discussed.

Mother-Infant Psychoanalytic Treatment: Long-term effects and the experience of treatment from the view of mothers and psychoanalysts

Winberg Salomonsson, M.^{1, 2}

¹ *Department of Child Psychiatry, Karolinska Institute, Stockholm, Sweden;* ² *Private Practice, Psychoanalytic Child and Adolescent Psychotherapy and Parent-Infant Psychotherapy, Stockholm, Sweden*

Introduction: Randomized controlled trials (RCT) of parent-infant psychotherapies are not numerous, and follow-up studies are even rarer. Those that exist have questioned the long-term value of parent-infant therapy. An RCT from the Department of Child Psychiatry, Karolinska Institutet, Stockholm, compared two groups of mother-infant dyads. One received Child Health Center care (the "CHCC" group) and the other mother-infant psychoanalytic treatment (the "MIP" group). Effects in favour of MIP were found on mother-reported depression and expert-rated dyadic relationship qualities and maternal sensitivity. When the children were 4½ years, the dyads were followed up with assessments of the children's attachment representations, social and emotional development, and global functioning, and assessments of the mothers' psychological well-being and representations of the child, as well as the mother-child interactions.

Aim: We found that the children in the MIP group had significantly better results on several measurements. There were also between-group effects on the mothers' depression. The MIP mothers seemed to be less depressed throughout infancy and toddlerhood.

Description: I will present the results of the follow-up study in detail and also elaborate on methodological issues concerning how to measure children's global functioning and the attachment representations of parents and children.

Conclusion: Since this treatment MIP apparently had effects on mothers and infants we will present a qualitative study on interviews with mothers and psychoanalysts in order to get a picture of for whom this treatment is most useful and to better understand the mechanisms of change in mothers and children.

13:15 - 14:45 Brief Oral Presentations

Therapeutic Work across Disciplines: from Inpatient Units to Video in the Home and the Importance of Groups and Play

Facilitator: Broughton, C.
United Kingdom

Representations of motherhood: reflections on multidisciplinary work in an in-patient mother and baby unit

Broughton, C.¹, Protti, O.²

¹ *Parent-Infant Project, Anna Freud Centre, London, United Kingdom;* ² *Mother and Baby Unit, City and Hackney Centre for Mental Health, London, United Kingdom*

Introduction: Our presentation looks at work in a psychiatric Mother and Baby Unit viewed through vignettes from mother-infant dyads, where mother and baby were cared for on an in-patient ward, following a breakdown in mother's mental health after birth.

Aims: The cases discussed will offer an insight into the treatment provided to women in psychiatric Mother and Baby Units in the UK where mother and baby can be cared for together avoiding separation during this critical period of infant development and establishment of the primary relationship.

Description: The presentation examines clinical process in three mother-infant dyads admitted to a psychiatric Mother and Baby Unit. It describes how the work of the Unit is vital to the creation and continuation of a loving bond between parent/s and baby and explores how supporting and addressing difficulties in the mother-infant relationship are fundamental to recovery from mental illness for mothers in the postnatal period. The interrelated contributions of psychology, psychotherapy and psychiatry are examined and critiqued in the context of work in a multidisciplinary team.

Conclusion: The presentation demonstrates the importance of parent-infant psychotherapy as a treatment modality in psychiatric Mother and Baby Units and the ways in which a multidisciplinary team work to improve outcomes for parents and babies.

Road signs: an early intervention promoting at-risk parents' competence and joy

Scharf, N.

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Introduction: Early sensitive caregiving is associated with positive developmental outcomes, while inconsistent, frightening parental behaviors are associated with negative developmental outcomes. When working with at-risk parents facing multiple problems, an early intervention focusing on the family as a whole, as well as building bridges between the family and the surrounding environment, is important in preventing future problems and facilitating family adjustment.

Aims of intervention: To enhance parents' confidence, competence, and daily wellbeing.

To enhance parental sensitivity to children's behaviors and needs.

To facilitate setting boundaries and coping adaptively with discipline.

To reduce stress, and increase the satisfaction from parenting.

To support parent's community ties.

Description of project: Fourteen families participated in the project. After an initial assessment of the parent-child relationship, we identified the strengths and challenges faced by families, and started a series of sessions. Sessions included a parent-child interaction, followed by a discussion aimed at increasing parental sensitivity, competence and reflective awareness regarding themes observed.

The program is flexible and individualized, employing different strategies (video-taping, practicing various behaviors, developmental guidance, etc.), involving different family constellations (dyads, triads, individual sessions), approaching families from various backgrounds (i.e. Arabs and Jews, people with disabilities, single-parent families etc.), and taking place in different locations (homes or clinical setting). This helps parents feel comfortable and less defensive, promotes openness to experiences that occur during meetings, and enhances cooperation.

Conclusions: Initial assessments revealed:

An increase in parents' sensitive responses to children's needs (attentive to children's signals, following children's lead during play, and perceiving children's bids more accurately).

Better understanding of how personal childhood experience affects current parenting.

Improved ability to create an environment in which children develop a sense of mastery.

Parents encouraging and enabling expressions of both positive and negative emotions.

Increase in parents' confidence in their parental capabilities.

Exploring parental role within social and cultural contexts, among parents of children with intellectual disabilities living in residential facilities

Nasser, K.¹, Sachs, D.¹, Sa'ar, A.²

¹ Occupational Therapy, University of Haifa, Haifa, Israel; ² Anthropology, University of Haifa, Haifa, Israel

Introduction: Placing a child with intellectual disabilities [ID] in a residential facility is a major crisis for parents. To date, there has been limited exploration of these issues especially in non-Western cultural groups. Among the Arab minority in Israel, residential placement of persons with ID is relatively new, constantly increasing and yet scarcely studied.

Aims of the study: To identify and understand the personal, social and cultural factors that influence perceptions and experiences of parents with regard to their parental role during and after placing their children with ID in a residential facility.

Material and Methods: The study used a qualitative design. Personal semi-structured interviews were held with 18 parents of children with ID from the Arab minority in Israel living in two private residential facilities. Sampling was purposive, and data were analyzed thematically.

Results: With regard to the parents' perception of their parental role before, during and after placement, three main themes emerged: giving preferential treatment to the child with disabilities, commitment to the whole family and family involvement as a parental responsibility. Residential placement decision was perceived by the parents as a necessary evil to protect the remaining children, and entails an expectation of ongoing parental involvement after placement.

Conclusions: Residential placement decision of children with ID is influenced by cultural and socio-economic factors. Socio-economic factors include lack of services and resources, insufficient support from the extended family and stigmatic social attitudes. In addition, the parents' perception of their parental role reflects a collectivistic and religious orientation, which favors raising children with disabilities at home. Findings of this study will contribute to the development of family-centered and culturally sensitive interventions to promote social inclusion of children with ID and community-based residential services and settings.

Nurture and Play - group intervention: from pregnancy to infancy

Poutiainen, T., Ernvall, S.

Diakonialaitos Lahti, Baby Magic - project, Lahti, Finland

Introduction: Nurture and Play Group Intervention is a preventive group focusing on the early interaction between mother and baby starting already from pregnancy. Parent's capacity to reflect upon her own and her (future) child's internal mental experience makes sensitive and empathetic attunement to baby's needs possible (Fonagy, Slade). Entering motherhood is a transitional period. It has been linked to higher prevalence of depression, anxiety and stress. NP-intervention provides mothers an opportunity to focus on their own self, observation, understanding and feeling on towards the motherhood and the baby. Nurture and Play - Group is a manualized model developed based on mentalization theory, emotional availability and attachment frameworks.

Purpose of the project: Nurture and Play -intervention was developed in a Baby Magic Project in Lahti, Finland 2012-2014. Aims of the project was to 1) increase awareness of mood problems and their impact on developing interaction, and 2) to develop a practical intervention model with a RCT study attached to this. The aims were achieved through collaboration with local well-baby clinics and developing the group model with 6 groups during the project.

Description of the projects. Nurture and Play Groups start during pregnancy before gw 30. Before starting each mother is met individually and interviewed. Mothers are met in a group setting 4 times prenatally and 7 times postnatally with babies. In group sessions attachment based

behaviors e.g., caring, nurturing and playful interaction is encouraged through attachment-based play (Theraplay). Explicit mentalizing (i.e., positive reverie, imagining the future baby, exploring current feelings) is promoted by joint group reflections, homework and mentalizing group practices.

Conclusions: Pregnancy is a possibility for baby to find his mother in their mutual mind. Additionally, a RCT study has already shown that NP-intervention improved maternal sensitivity and reflectiveness among prenatally depressed mothers in a follow-up study.

Developing and using video feedback to promote positive parenting (ViPP) with two parents and an infant

Iles, J., Ramchandani, P.

Centre for Mental Health, Imperial College, London, United Kingdom

Introduction: Brief, focused, attachment-based interventions have been shown to be effective in improving parental sensitivity and there is some evidence of improvement in child outcomes. Most have exclusively focused on mothers, though there is increasing involvement of fathers in infant care, and evidence suggesting that fathers may play an important role in key aspects of child development. The working of two parents together is also more likely to lead to positive infant outcomes.

Aims of the workshop: To describe and illustrate the adaption and testing of an existing evidence based intervention (ViPP) for use with two parents to promote improved sensitivity in both parents and also enhanced positive co-parenting.

Workshop description: We will describe the adaption and use of ViPP with coparents and illustrate some key aspects of the intervention using video extracts from a pilot study and also an ongoing randomised controlled trial. Key aspects of adaption have included an increased focus on how parents can support one another's interactions with their child, and use of feedback on triadic play interactions. We will also describe some of the practical challenges in using the intervention with two parents.

The crying clinic: evaluation of an innovative mental health service for new immigrant parents at risk for depression

Bohr, Y., Lee, Y., Armour, L., Sockett diMarco, N., Khourchvili, M.

Psychology, York University, Toronto, Canada

This session provides an overview of the process evaluation of the Crying Clinic (CC) pilot project. This service was implemented in 2014 - 2015 at a community mental health centre in one of the most diverse districts in Canada. The Crying Clinic is one component of a comprehensive strategy to improve access to mental health services for new parents at risk for Post-Partum Depression (PPD), and their infants. The CC format helps reduce stigma and barriers and addresses a lack of understanding about mental health and available supports, which makes reaching vulnerable immigrant/refugee families challenging. This initiative serves the triple purpose of a) providing a concrete, highly visible, easily accessible problem-oriented service to engage mothers; b) delivering support, resources and intervention to mothers, and c) offering prevention and early intervention for infants. Promotion of this program is building community awareness of the links between Perinatal Depression and healthy child development. Process evaluation models proposed by Nakkash et al. (2011) and Saunders et al. (2005) were used in assessing the Crying Clinic's utility. At the conclusion of this session participants: a) will have become familiar with an innovative, accessible approach to infant mental health service delivery; b) will have learned about the process of designing a parent-infant focused early intervention based on specific community

needs.

13:15 - 14:45 Brief Oral Presentations

Creative Interventions for Families in Crisis across the World

Facilitator: Weatherston, D.
United States

Brightpip: developing secure attachment as an infant service

Taylor, K., Field, R., Mergler, F.

Moulsecoomb Children's Centre, Brighton Parent Infant Psychological Therapy, Brighton and Hove, United Kingdom

There is a critical need for development of parent-baby psychological therapy (PIP) to support early attachment in the U.K. Attachment theory, developmental psychology and neuroscience implicate the importance of early relationships (Music 2011) yet it is not unusual for these relationships to be threatened (for example, by parental functioning, mental health or traumatic birth). Service provision currently is a variable patchwork. Research has shown our failure to address perinatal mental health also has a financial cost to society[i]. Provision of PIP for all families across the country is a worthy goal - but how can this vision be realised?

Brighton Parent Infant Psychological Therapy (BrightPIP) are a group of practitioners passionate about this work. However, our first step has been to conceptualise a service, then to grow, develop, survive and ultimately thrive. Our developmental question in this early stage has been: How can we be seen, heard, acknowledged and valued by commissioners and stakeholders? This is the story of the BrightPIP pilot (May 2015-April 2016) funded by PIP UK. Based in a local Children's Centre with a small but dedicated team; Clinical Psychologist, Adult Psychotherapist, Child Psychotherapist and Assistant Psychologist, the pilot sought to illustrate the way PIP can be used as a valuable asset to the city as preventative mental health. Parent-Infant Psychotherapy and Video Interaction Guidance, was offered to twenty families. Effectiveness of therapy was measured by assessment pre and post-intervention. Outcome data is presented together with interesting reflections on attachment strategies that emerge systemically between 'little new' services and powerful agencies. Finally we hope to provide some answers to the fundamental burning questions regarding how to set up and actually do this vital work.

Knowledge of Nepalese Mothers on Child Development

Shrestha, M.¹, Ulak, M.², Strand, T.³, Chadyo, R.K.², Hysing, M.⁴, Kvestad, I.⁴

¹ *Department of Child Health, Tribhuvan University Teaching Hospital, Kathmandu, Nepal;* ² *Child Health Research Project, Tribhuvan University Teaching Hospital, Kathmandu, Nepal;* ³ *Medical Microbiology, Innlandet Hospital Trust, university of Bergen, Lilehammer, Norway;* ⁴ *Department of Psychology, University of Bergen, Bergen, Norway*

Introduction: Child development still not been prioritized in health care programs in Nepal.

Traditional beliefs are deeply rooted and even parents notice delay; they consider development to be non-modifiable trait. As child development is an important factor on educational attainment and adult productivity, programs to improve child development is crucial to break the vicious cycle of poverty and poor development.

Aim of the study: To explore maternal knowledge about child development and stimulation they could provide at home.

Material and methods: 814 mothers of children below 5years were interviewed using Caregiver Knowledge of Child Development Inventory (CKCDI) .

Results: Most mothers had at least 5 years of formal education and 63% were house wives. The mean number of children in the family was 1.5 ± 0.7 (range: 1- 5) and the mean age of youngest child was 15.2 ± 13.7 months. Of a total score of 40, the mean score obtained by the mothers was 22.63 ± 6.08 . Level of education, occupation or number of children, belonging to nuclear or joint family did not predict the total scores obtained by mothers. 81% of the mothers knew about gross motor development. Only 18% of the mothers knew when a child is supposed to reach for objects and around 50% knew about pincer grasp. Most of the mothers thought that 24 months is the appropriate age to introduce spoon or fork for feeding. Though mothers are knowledgeable about teaching numbers, colors at 24 months of age, almost all mothers were unaware of when to begin to look at children's book with their children and thought 2 years is the appropriate time.

Conclusion: Knowledge on child development is poor amongst mothers in this Nepalese community. It is high time that the early child developmental programs to be incorporated with other health programs such as immunization.

Vulnerable babies in the Jerusalem foster care system: focus on children born to mothers with a history of substance abuse

Ament, N.

Foster Care, Summit Institute, Jerusalem, Israel

Introduction: There has been a significant shift in policy in regard to placements of young children in foster care in Israel since 2009. With a recent focus on "permanency planning" we have seen an overall increase in adoptions from foster care placements. The presentation will provide a general overview of approximately 150 placements of young children (newborn to three years) in the Jerusalem foster care system over the last seven years including the reasons for placements. A focus will be given to the subgroup of children born to mothers with a history of substance abuse and to their placement outcomes.

Purpose: To explore the impact of maternal substance abuse on this foster care subgroup, with a focus on the effects of known/suspected prenatal drug/alcohol exposure on early childhood development; to assess whether this subgroup's foster families remained committed to long term foster care or whether they chose to adopt; to explore related policy implications.

Description of project: Follow up interviews were conducted with a sample of current/former foster parents of children who were born to mothers with a history of addiction to drugs/alcohol. An emphasis was placed on child development (attachment issues, developmental milestones, manifestations of ADHD symptoms, learning issues) and placement outcomes.

Conclusion: There is a need for increased awareness and education prior to foster care/ adoption placements regarding the risk of long term effects of in utero exposure to drugs/alcohol on child development. Further policy implications must be addressed regarding the placement of this subgroup of children with special needs. Long term foster care should be considered as a valid option in cases where adoption is less viable.

An Interdisciplinary Project from the Red Sea : Interactions with Dolphins for Therapeutic Purposes in Children with Neuro-Developmental Pathology

Cabot, S.¹, Pilo Sadowsky, K.¹, Parkal, L.¹, Donio, S.²

¹ *Eilat Child Developmental Center, Yoseftal Hospital, Eilat, Israel;* ² *Head of therapy with dolphins - "Supportive experience with the aid of dolphins", Head of therapy with dolphins - "Supportive experience with the aid of dolphins", Eilat, Israel*

The use of animals for therapeutic purposes, specifically from the emotional realm, has long been investigated. The idea of using the very unique attributes of animals and connecting these

attributes to people, especially children has shown very promising results. The project described here is a very exceptional project from the city of Eilat, Israel and the family of dolphins inhabiting its sea. This project is one about how this dolphin habitation in Eilat has been used to better the life of children with multiple special needs from the community. The Dolphin Reef has developed since 1991 a special program to aid challenged children with the dolphins. The project we present is one about a joint venture between the early childhood development centre which includes multi disciplinary staff and the staff of the dolphin habitat. The early childhood development centre meets children between the ages of zero and 18 with multiple developmental, emotional and behavioral challenges which are treated in traditional therapeutic methods. In the last four years, an attempt has been made to try to investigate the effect of therapy outside of a clinical setting. The experience of going outside into nature, into the sea and to the dolphins' habitat is one that some children are experiencing in Eilat in addition to their traditional therapies. This paper will describe this experience and will look at the therapeutic elements that come to surface through this experience and unique partnership between traditional and non traditional clinicians. The use of animals for therapeutic purposes, specifically from the emotional realm, has long been investigated. The idea of using the very unique attributes of animals and connecting these attributes to people, especially children has shown very promising results. The project described here is a very exceptional project from the city of Eilat, Israel and the family of dolphins inhabiting its sea. This project is one about how this dolphin habitation in Eilat has been used to better the life of children with multiple special needs from the community. The Dolphin Reef has developed since 1991 a special program to aid challenged children with the dolphins. The project we present is one about a joint venture between the early childhood development centre which includes multi disciplinary staff and the staff of the dolphin habitat. The early childhood development centre meets children between the ages of zero and 18 with multiple developmental, emotional and behavioral challenges which are treated in traditional therapeutic methods. In the last four years, an attempt has been made to try to investigate the effect of therapy outside of a clinical setting. The experience of going outside into nature, into the sea and to the dolphins' habitat is one that some children are experiencing in Eilat in addition to their traditional therapies. This paper will describe this experience and will look at the therapeutic elements that come to surface through this experience and unique partnership between traditional and non traditional clinicians.

Psychological support to mother – infant dyads and their families, affected by ebola virus disease outbreak in liberia

Dozio, E., Bizouerne, C.

Mental Health and Care Practices, Action Contre la Faim, Paris, France

Introduction: In Liberia, communities have been psychologically affected by the Ebola Virus Disease. People have been experienced fear, distress, social stigma and isolation. Most of them have lost family members and had to go through a difficult grieving process. Children were particularly affected by the situation: they have lived for almost one year in a context of stress, death threat and fear. Some of them have directly experienced very traumatic events and many are orphans. The children coping mechanisms were affected by physical or emotional absence of the family members. In addition, the reduced contacts, due to the “no-touch policy”, limited their possibilities to spend the time with their parents. Babies have been separated by EVD confirmed mother. They had not the possibility to be breastfed. This affected their chance to survive and their relationship with the mother and the family as consequence of brutal separation.

Purpose of the project: the projet aim to prevent the deterioration of child care practices during the EVD breakdown and to improve the wellbeing of infants, theirs mothers and families, through a tailored psychological support.

Description of the project: ACF implemented activities focused on providing psychosocial support to EVD affected people targeting those most vulnerable in the communities: specific psychological approaches aimed at infants and their families, with a special attention to separated mother-baby dyads.

Conclusions: In 80% of the cases, adapted solutions have been founded for mother and babies (in particular for orphans and their caretakers) presenting difficulties in attachment, or showing deteriorated child care practices. They showed an improvement on emotional bonding, on psychosocial wellbeing and a reduction of level of stress. Counselling sessions supported them in strengthening their coping mechanisms to the situation and giving them the internal resources to recover and to react to the situation.

Psychosocial interventions for distressed pregnant, lactating women and their babies, refugees from Central Africa

Dozio, E., Bizouerne, C.

Mental Health and Care Practices, Action contre la faim, Paris, France

Introduction: Since September 2013, fighting between self-defence groups called “anti-balaka” and former Seleka broke out in numerous villages and in the capital of Central Africa, forcing thousands of people to seek refuge and protection in bordering Countries. Refugees exposed to any kind of atrocity in their Country and during forced migration, showed important signs of psychological trauma. A preliminary psychosocial assessment, showed a great degradation of child care practices leading to a high risk of infant mortality or neglecting. Mothers were not in conditions to breastfeed and care their babies, presenting signs of deep depression and loss of engagement on their parental role. Fathers were absent in most of the cases.

Purpose of the project: The project aimed to guarantee a psychosocial support during perinatal period to women and their babies in order to limit the negative effects on child development due to the deterioration of child care practices in an emergency context.

Description of the project: Safe spaces were built in refugee camps, in East Cameroon and in Chad capital, N'Djamena. In these spaces pregnant women and women with young babies were invited to come and to participate to psychosocial activities focused on strengthen parental skills, psychomotor development for babies and emotional wellbeing for both women and babies. The level of psychological distress and the quality of interactions were assessed at the admission in the project and the impact of psychosocial activities has been measured at the end.

Conclusions: Pregnant women, mothers and their babies showed a real improvement in parent-child bonding and psychosocial wellbeing. These results were really encouraging about the efficacy of proposed psychosocial approach in an emergency context.

13:15 - 14:00 Symposium

Development and mental health of infants in a family-like environment institution: 10 years after the end of the intervention project

Moderator: Muhamedrahimov, R.J.

Department of Psychology, St. Petersburg State University, St. Petersburg, Russian Federation

Discussant: Groark, C.J.

Office of Child Development, University of Pittsburgh, Pittsburgh, United States

Caregiver-child interaction in a baby home with a family-like environment

Chernego, D. I., Ivanova, V. J.

Department of Psychology, St. Petersburg State University, St. Petersburg, Russian Federation

Introduction: Previous research showed that a typical institutional environment (Baby Home) for children without parental care is characterized by unpredictable and insensitive caregiving and unresponsiveness to children's signals. The implementation of the social-emotional intervention in one of the orphanages in RF resulted in positive outcomes - after the intervention caregivers demonstrated more responsiveness, positive social-emotional engagement, and better child-directed behavior.

Aims of the study: The aim of the study was to evaluate the caregiver-child interactions in the family-like Baby Home after 10 years of the project implementation.

Method: Participants were children ages 2-57 months and their caregivers from non-intervention and intervention (family-like) Baby Homes. Caregiver-child interactions were videotaped during 5 minute sessions of free play. The quality of interactions was analyzed using Parent-Child Early Relational Assessment (PCERA; Clark, 1985).

Results: The results showed that the caregivers in a family-like Baby Home continued to demonstrate more responsiveness, better child-directed behavior, and positive social-emotional engagement in comparison with caregivers from the non-intervention Baby Home.

Conclusions: The positive effects of the family-like intervention program have been maintained in caregiver-child interactions and other positive caregiving behaviors 10 years later.

Executive functioning in young children reared in institutions

Vasilyeva, M. J.¹, Korshina, J. D.²

¹ *Department of Biology, St. Petersburg State University, St. Petersburg, Russian Federation;*

² *Department of Psychology, St. Petersburg State University, St. Petersburg, Russian Federation*

Introduction: A growing body of research evidence emphasizes the fundamental importance of quality early social-emotional environments for later optimal developmental outcomes. Rearing in institutional care represents one of the most dramatic examples of potentially adverse early experiences for children that could be manifested in severe executive function deficits in early childhood and during the lifespan. Conversely, it could be proposed that children with early experience in a family-like institution (after implementation of a social-emotional intervention program) would demonstrate higher levels of executive function performance.

Aims of the study: The objective of the study was to evaluate the early stages of executive function development in relation to the two kinds of institutional environments.

Materials and methods: Subjects were 2 groups of children reared in traditional and family-like institutions. A multitask battery of measures including working memory, inhibition and cognitive flexibility was administered.

Results: Results revealed dramatically poorer executive function performance among children reared in traditional institutional care: executive function composite score in this group of children was significantly low. Research data also showed more specificity in performance of children from the family-like institution on “hot” executive function measures.

Conclusions: Results obtained in the study document diverse trajectories of early executive functioning in young children reared indifferent conditions of a social environment. Evaluation of the developmental trajectories of executive functioning at early ages could be a precise marker for further developmental outcomes, achievements at school, future mental health, later life activities and successful functioning in the world lifelong.

Adaptive behavior of children in institutional care

Anikina, V.O.

Department of Psychology, St. Petersburg State University, St. Petersburg, Russian Federation

Introduction: Research shows that abused and neglected children have substantial delays in adaptive behavior in all domains (i.e. communication, social and daily living skills and motor development). Some children in institutions have a history of abuse. Moreover, institutional care itself usually carries depriving characteristics. In 2000 the Early Intervention Program creating a family-like environment for institutionalized children was implemented in one of the Baby Homes (St. Petersburg, RF). This research is a part of the scientific project “Impact of early deprivation on bio-behavioral indicators of child development” that is conducted in collaboration of researchers from St. Petersburg State University (RF) and Yale University (USA).

Aims of the study: Current research is aimed at understanding children’s adaptive behavior in traditional and family-like institutions; explore long-term effects of the implementation of a family-like environment in the Baby Home on adaptive behavior of young children.

Method: Participants were 3-48 month old resident children and their primary caregivers from two institutions, one with depriving (non-intervention) and one with family-like (intervention) social-emotional conditions. To assess adaptive behavior the Vineland Adaptive Behavior Scales (Sparrow, Cicchetti, Balla, 2005) was used.

Results: Results show that children in the family-like Baby Home display more adaptive characteristics in the majority of the subdomains, more so for children below 30 months. Children of different genders do not have different adaptive behavior characteristics.

Conclusions: The family-like social environment in the Baby Home that provides stability of the caregivers and is more sensitive to children’s needs provides better opportunities for children to develop adaptive behaviors in the institution. We are sure that family-like social environments for orphan children help to support mental health and create more constructive regulation strategies. We hope that children who experience more sensitive and predictable caregivers will be more successful in adaptation to new social environments including substitute families.

Affect expressions in young children reared in a baby home with family care

Solodunova, M.J.

Department of Psychology, St. Petersburg State University, St. Petersburg, Russian Federation

Introduction: This research is a part of the scientific project “Impact of early deprivation on bio-behavioral indicators of child development” conducted in collaboration with researchers from St. Petersburg State University (RF) and Yale University (USA). Previous research showed that children reared in an institution with depriving social conditions developed specific patterns of emotional regulation in interactions with their caregivers: increased intensity of positive affect and reduced negative affect. In addition, caregivers demonstrated affect, associated with children’s

age and gender but not with current child's emotions. In 2000 the Early Intervention Program implemented a family-like environment for children in one of the Baby Homes (St. Petersburg, RF). The 2-5 years' outcomes of this Program showed an "affect attunement" between children and caregivers.

Aims of the study: Current research aim is to compare emotional expressions of children in traditional and family-like institutions; explore long-term effects of the implementation of a family-like environment in the Baby Home on affect expressions of children.

Method: Participants were 3-48 month old typically-developing resident children and their primary caregivers from one institution with depriving (non-intervention) versus another with family-like (intervention) social-emotional conditions. To analyze affect expressions in children and caregivers the Dyadic Affect Manual (Osofsky, Muhamedrahimov, Hammer, 1998) was used.

Results: Results showed positive outcomes on children's and caregivers' emotional intensity in the family-like environment. Caregivers from the family-like Baby Home paid more attention to children's emotional tone and recognized children's emotional needs better than 'traditional' caregivers. In turn, children's emotional reactions to their caregivers were more predictable and unified in the family-like Baby Home.

Conclusions: The family-like social environment for orphan children helps to support mental health and create more constructive regulation strategies. We hope that children who experience more sensitive and predictable caregivers will be more successful in adaptation to new social environments including substitute families.

14:00 - 14:45 Symposium

Family relationships and resilience across deployment and reintegration: A focus on military families with young children

Moderator: Walsh, T.B.

School of Social Work, University of Wisconsin-Madison, Madison, WI, United States

Discussant: Heller, S.

Department of Psychiatry and Neurology, Tulane University Health Sciences Center, New Orleans, LA, United States

Relationships between military fathers and their young children: Exploring the impact of deployment and trauma

Paris, R.¹, DeVoe, E.R.¹, Kantor, G.K.², Emmert-Aronson, B.O.³, Acker, M.¹, Herriott, A.¹, Ross, A.¹

¹ *School of Social Work, Boston University, Boston, MA, United States;* ² *Family Research Laboratory, University of New Hampshire, Durham, NH, United States;* ³ *Center for Anxiety and Related Disorders, Boston University, Boston, MA, United States*

Introduction: Research shows growing evidence of fathers' importance in young children's lives. Yet, studies of military fathers and their children are still rare. Given that many U.S. military fathers deployed overseas during recent wars, resulting in high rates of PTSD and long separations from children, understanding their parent-child relationships is essential for intervention development.

Aim: This study aimed to explore relationships between parenting, fathers' trauma symptoms, children's behavior and parent-child interactions among recently deployed US military fathers and their young children.

Method: For this correlational study, baseline data were utilized from an RCT of a home-based post-deployment intervention for military families (Ns=115-121) with children 0-5. Measures

included, demographics, self-reported assessments of parenting stress (PSI), deployment risk and resilience (DRRI), posttraumatic stress symptoms (PCL-M) and child's behavior (CBCL), and observer ratings of father-child interactions (Crowell).

Results: Mean service member age was 33 years and over 1/3 scored positive for PTSD. 15% reported clinically significant parenting stress with notable parent-child dysfunction. On observer-rated interactions, deployment duration was positively associated with child's irritability and non-compliance; paygrade was negatively associated with father's irritability and aggression; and multiple children was positively associated with child's positive affect and persistence and with parent's responsiveness and positive affect and negatively associated with parent's aggression. All aspects of PTSD were associated with self-reported parent-child dysfunction and child behavioral difficulties. Among fathers with PTSD, those with higher exposure to the aftermath of battle showed more irritability in interactions, but their children showed less anger and more enthusiasm.

Conclusion: Results reveal a complex picture of fathering young children in military families with paternal PTSD contributing to relationship and child difficulties. Parenting supports for fathers will need to take many forms given the diversity of experiences in war zones, individual relationships with children, and varying perceptions of the fathering role.

Mothers and deployment: Understanding the experiences and support needs of military mothers of young children and their families

Walsh, T.B.¹

¹ *School of Social Work, University of Wisconsin-Madison, Madison, WI, United States*

Introduction: Women comprise a growing proportion of the US military. Approximately 40% of female service members have children, and deployments have demanded long separations of mothers and their children. The strain of separation is particularly acute for mothers of very young children and their families.

Aim: This study aimed to better understand the deployment and reintegration experiences of service members who are mothers of young children and their families.

Method: Focus groups were conducted with mothers ($n=12$) who served in the US military and deployed to Iraq and/or Afghanistan when one or more of their children was under the age of six. Focus group discussions explored experiences before, during, and after deployment; the needs and challenges at each stage for the service member and her family; available support resources and gaps in support for military mothers of young children and their families. Discussions were audio-recorded and transcribed. Thematic data analysis was conducted, drawing on principles of grounded theory, using QSR NVivo software.

Results: Common challenges experienced by mothers before, during, and after deployment included coming to terms with the impossibility of fully preparing young children and oneself for the experience of extended separation; worrying that things weren't going well at home, and being unable to assess or intervene; and readjusting from the focus of deployment to the competing demands of life at home as a mother to a young child. Military mothers described reliance on family and friends for support, and discomfort accessing family support services geared toward the wives of service members.

Conclusion: Military mothers, particularly mothers of young children, face distinct challenges before, during, and after deployment. Better understanding the experiences and support needs of military mothers and their families can inform tailored preventive intervention to meet their needs.

Coparenting through war-time parental deployment: Lessons from military families with very young children

DeVoe, E.R., Paris, R., Acker, M., Spencer, R.

School of Social Work, Boston University, Boston, MA, United States

Introduction: Coparenting is defined as a dynamic interaction, coordinated among adults who share responsibility for the everyday care and upbringing of their children. For military families, periods of separation, parental absence, and service member reintegration pose distinct challenges to the coparenting alliance, parental roles, and structure. Because early coparenting practices can set the stage for lasting impact on children (Mangelsdorf, Laxman, & Jessee, 2011), examination of coparenting processes can inform prevention and targeted intervention with military parents of very young children.

Aims: To deepen our understanding of coparenting processes and experiences among military families during wartime deployment.

Methods: This study uses data gathered to inform intervention development with US military parents. Semi-structured interviews were conducted with service members (39) and spouses/partners (31) within one year of deployment to Afghanistan or Iraq. Interviewers followed a detailed guide focusing on parenting and coparenting challenges, processes, and needs in relation to deployment separation and reunion. Interviews were audiorecorded and transcribed. Interview data were analyzed using thematic analysis (Braun & Clarke, 2006) in QDA software Atlas.ti.

Results: Participants shared rich descriptions of aspects of coparenting including creative strategies for its effective maintenance in wartime that can be applied to peacetime separations for military families and for civilian parents in other contexts. Major themes for non-deployed parents included their central role in maintaining children's connection to the deployed parent, filtering information about family life, and becoming single parents during deployment. For deployed parents, salient themes involved relinquishing everyday involvement in parenting, trust and concern about the at-home parent's responsibilities, and degree of support for reintegration into coparenting routines post-deployment.

Conclusions: Coparenting is an understudied but constant phenomenon for all parents. The lived experiences of families navigating coparenting during wartime suggest important avenues for future research and strategies for supporting military parents.

Implementation of an innovative military family engagement and preventive intervention: The Strong Military Families Weekend Retreat

Rosenblum, K.L., Muzik, M.

Department of Psychiatry, University of Michigan, Ann Arbor, MI, United States

Introduction: Approximately 40% of children in military families are under the age of 5 (1), and many are exposed to considerable challenges associated with parental deployment or reunification (2,3). Military and veteran families are often geographically dispersed and for many reasons are often reluctant to engage in prevention and intervention programs. There is thus a critical need for effective, evidence-based programs to effectively engage and support military families. The *Strong Military Families (SMF) Program* (4) is a multifamily group intervention for military families with young children that aims to strengthen parent mental health and parenting, and ultimately, family resilience.

Aims of the Study: In order to determine whether a brief mode of delivery might enhance accessibility and engagement, this open-trial pilot evaluated acceptability, feasibility and preliminary efficacy of a 2-day retreat adaptation of the existing 13-session *SMF* intervention.

Material and Methods: Parents (N=24) were either themselves service members/veterans or their spouses and had young children (under 6), and participated in the *SMF Weekend Retreat (SMF-WR)* intervention. This provided an immersion experience delivering content across two days. Parents provided pre-post evaluative feedback on a brief Program Impact Survey (PIS; 5) assessing perceived program impact on key domains.

Results: Feasibility of the 2-day protocol was readily established via delivery of two *SMF* retreats. The ease of participant enrollment, coupled with post-group feedback, indicated that the *SMF-WR* format was acceptable and desirable. Results of paired t-tests on PIS items indicated significant perceived benefit, with report of greater confidence in parenting, knowing how to handle children's feelings about deployment/reunification, and how to calm down when feeling upset about a parenting situation (all p's <.05). All parents indicated they would recommend *SMF-WR* to others.

Conclusions: Results suggest that *SMF-WR* is a desirable program format, enhancing engagement and delivering promising preliminary efficacy for parent outcomes.

13:15 - 14:00 Symposium

The function of infant observation in three different settings: In the clinic, in research and in teaching

Moderator: Hatzor, T.

Parent Infant Psychotherapy Training Program, Columbia University Center for Psychoanalytic Training and Research, New York, United States

Discussant: Magagna, J.

Tavistock Clinic, London, England

Development of maternal representations and mother-baby interaction

Llauró, A., Gomá, M.

Perinatal Department, Bruc Salut SCP, Barcelona, Spain

Introduction: Maternal representations during pregnancy and post-partum in pregnant women at risk of anxiety and depression in the perinatal period are essential. This research is carried out in a public health care setting in collaboration with GPs, nurses, midwives and pediatricians.

Aim: One, to examine development of maternal representations during pregnancy and post-partum. Two, to allow a mental space to be opened for the emerging relationship with the baby

Method: Following an initial exploration (EPDS, STAI, R Interview), a brief psychotherapeutic intervention begins with 3 antenatal and 3 postpartum sessions in which we focus on distorted maternal representations that complicate the mother-baby bond, related to the mother's previous experiences.

Results: Through the maternal representations, the therapist approaches the mother and baby's internal worlds, the baby in mind that from the time of the birth, this will mean the encounter with the real baby. The themes that arise are linked with the internal representations that she keeps from her first relationships. The postnatal sessions allow elaboration with the presence of the real baby. We try to express through clinical vignettes the work in mind of the therapist to think and understand the internal world of the mother during pregnancy and the mother-baby interaction in the therapeutic encounter, in the "here and now" of the first six months of life.

Conclusion: The containing-thinking function in the therapist builds a bridge between representations during pregnancy towards the real mother-baby interaction. The therapist perceives and gives feedback. The work done by the therapist in her own mind allows her to move the maternal representations in fantasy closer to elaboration with the real baby.

The importance of the containing process during the first weeks after birth: how to transform otherness in the infant in the family

Mellier, D.

Department of psychology, University of Franche-Comte, Besançon , France

The importance of the 'containing function' of the mother is widely acknowledged. The « crisis » of the birth in family is underrated, when each of its members has to be identified in a new place.

Aims: The examination of the particularities of the containing process during the baby's first two months. This period corresponds to the establishment of many rites in traditional culture and to the construction of the first psychic envelopes or sense of the self (Bick, Haag, Stern, Rochat).

Methods: The analyses and comparisons of observations in different families:

1) After birth we find many situations of the baby's otherness: how to identify the newborn? What is his/her lineage? Does he/she recognize me as a parent? The process of containment is important, and the whole family is concerned, with becoming a mother, a father, a grandparent, a brother or a sister who change their places.

2) At the second month, we find more intersubjective questions. "Does becoming a mother mean being devoured?" summarizes the settling of oral fantasies and psychic stabilization of the limit between the infant and its environment.

Results: We can deduce a level of containment: the first self enables the baby to find an identity between external and internal perceptions at the same time as each parent feels it as separate from them and assigns the baby an identity, as a member of the family – just as rites do. The gradual development of the observer's position will be a precious indicator of this dynamics.

Conclusions and interests: At the same time the new-born becomes a "baby", the family has to adjust the place of every one; it is important to understand these processes to prevent later troubles of the child in the family.

Playing and transforming parent-child representations via the clinician's mind

Hatzor, T.

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Introduction: The therapeutic work of the parent-infant clinician requires specific capacities and techniques in order to effect change. Working with three or more minds in the room, observing and absorbing multiple experiences in one's mind, necessitates certain clinical training that develop these capacities and techniques. In this presentation I will draw attention to the importance of the world of representations that is occurring in the clinician's mind as an agent of therapeutic change and describe essential aspects of clinical training that facilitate it.

Method: One essential aspect of training that prepares clinician to develop this clinical skill is Bick's teaching method of Infant Observation. The contribution of this method for the development of this mental capacity and clinical skills will be explained. Vignettes of work will be presented and discussed, drawn from different settings where an infant observational approach is applied.

Results: Our clinical mind at work is trained to observe and absorb the totality of external and internal reality presented to us. We develop this capacity for receptivity via our unique place on the fence between external and internal realities. We become transitional objects by definition, allowing for empathy imagination and play to recreate in our mind our patients' experiences. Thus, we enable our patients to start playing with meaning and thus enable the creation of new meaning. A psychic envelope is created with permeable flow of communication between the members in the room, allowing mental representations to be projected and introjected.

Conclusions: The clinician is able to receive and transform multiple representations, including the child's representation in the parents' mind. New possible representation of the child are co-created, transforming and replacing old toxic distorting and distorted representations of the child with new ones.

14:00 - 14:45 Symposium

The longitudinal influences of early adversity on later child development

Moderator: Zimmermann, P., Iwanski, A.

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Longitudinal influences of psychosocial risk on autonomy in infancy and toddlerhood: associations to parental quality of instruction and sensitivity

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Introduction: Autonomy is one major stage-salient issue in early childhood (Sroufe, 1989). Based on a transactional developmental model, parenting effects on autonomy development in early childhood and reciprocal child effects on parenting may explain developmental changes (e.g. Grusec et al., 2000) and can both be influenced by psychosocial risk.

Aims of the study: The aim of the present study was to examine the influence of psychosocial risk on the level and continuity of autonomy in infancy and parental sensitivity, and the interaction of autonomy and sensitivity.

Material and methods: The sample consisted of 196 infants in two cohorts (T1: aged 11 and 18 months) and their primary caregivers. The second assessment took place seven months after the initial testing. Autonomy was assessed during a structured play interaction and coded from videotape using a goal-directed play scale. In addition, quality of parental instruction and play sensitivity were measured using the SCIP-scale. Psychosocial familiar risk based on distal and proximal risk factors was assessed by use of a new developed screening questionnaire.

Results: First results indicate age-effects on autonomous behaviors ($F(1,57)=15.53$, $p<.0001$) with older children showing more goal-directed autonomous play compared to eleven months old. Psychosocial familiar risk influences parental sensitivity and quality of instruction ($F(8,104)=3.83$, $p=.001$), but not infant autonomy. Infant autonomy was significantly associated with parental sensitivity and quality of instruction ($r=.40$, $p<.01$). Longitudinal effects of psychosocial risk on autonomy development and parental behavior will be presented.

Conclusions: Thus, first results indicate a direct effect of psychosocial risk on parental behavior, but not yet on child outcomes at this young age. Results will be discussed regarding transactional developmental processes.

Early family maltreatment, caregiver' sensitivity, and disturbed social-emotional behaviors among institutionalized infants

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Institutional care can adversely affect the social-emotional functioning of young children. However, requiring a further understanding of the environmental and child factors that influence their development. Thus, here we focused on the effects of early maltreatment and quality of care for institutionalized infants' socio-emotional functioning, after 6 months of institutionalization. Moreover, we also aimed to examine whether child developmental status, measured when children arrived at the institution, and reassessed during the first months of institutionalization, may be also contributing to socio-emotional difficulties, something that remains to be investigated. The sample comprised 49 institutionalized infants ($n=25$ boys). Children's physical growth and mental development (BSID-III; Bayley, 2006) were measured at time of placement in the institution (T0, $M=7.08$ months; $SD=6.22$, range 0-21), and, again, 3 (T1) and 6 (T2) months later. At T0, social withdrawal was assessed (ADBB; Guedeney & Fermanian, 2001). At T2, caregivers completed the Ages and Stages Questionnaire: Social-Emotional (Squires, Bricker, & Twombly, 2002) to assess the presence of disturbed social-emotional behaviors. At the same moment, Ainsworth et al. (1972) Sensitive-Insensitivity and Cooperation-Interference subscales were used during a 15-minutes videotaped task with the child. The presence of maltreatment in the family, prior to institutionalization, was also analyzed. Results revealed no significant associations between the presence of disturbed social-emotional behaviors assessed at T2, and age at assessment at placement, and observed social withdrawal at T0, or child mental development and physical growth at T0, T1, or T2. However, the presence of disturbed social-emotional behaviors was positively associated with early maltreatment, as well as negatively linked to caregiver' sensitivity, but not to cooperation. A logistic regression showed that both child maltreatment and caregiver sensitivity were significant predictors of disturbed social-emotional functioning. Results will be discussed in terms of the importance of both family and institutional developmental experiences.

Multi-informant perspectives on early maltreatment experiences and relations to child symptoms

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Introduction: Adequate documentation and measurement of maltreatment is essential to assess the developmental sequelae of these experiences for children. However, researchers continue to focus on single informants of child maltreatment, often with little eye to the strengths and limitations of different sources for the detection of maltreatment subtypes and their associations with child symptoms.

Aims: This study included data from three informants of child maltreatment – Child Protective Service (CPS) records, caregivers and children – and incorporated a multi-source analytic approach to simultaneously examine the relation between maltreatment subtypes and externalizing and internalizing child symptoms.

Method: The sample consisted of 268 children aged 4 to 8, 64 of them with documented histories of lifetime maltreatment and 204 controls without these documentations.

Results: Findings revealed that frequencies of maltreatment subtypes differed depending on the informant. Occurrence of neglect in CPS records and caregiver reports, particularly failure to provide, were similarly effective in predicting externalizing symptoms reported by caregivers, and internalizing symptoms reported by caregivers and children. Compared to CPS records, caregiver and child reports on physical and emotional maltreatment less effectively predicted externalizing symptoms reported by caregivers, and internalizing symptoms reported by children. Child reports on subtypes of neglect and maltreatment generally showed the weakest associations with child symptoms.

Conclusion: In comparison to CPS records as the most prominent assessment method of child maltreatment, results highlight caregiver reports on neglect as a promising source of information.

The long term consequences of very preterm birth into adulthood: the bavarian longitudinal study (BLS)

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Introduction: Infants born before 32 weeks gestation or at very low birth weight (<1500g) (VP/VLBW) make up 1-2% of all births and around 25% of health care costs for children in the first year of life. Rates of preterm birth are increasing leading to more preterm children in the community.

Aims: What is the psychological and life course outcome and quality of life? Are changes in function related to alterations in brain structure?

Methods: The BLS is a prospective whole population sample of children born in Germany in 1985-1986 and studied from birth to 26 years (8 assessment points). Of 682 infants born VP/VLBW, 411 were alive and 260 (63.3%) assessed in adulthood. Of 308 term controls, 229 (74.4%) participated at 26 years of age.

Results: VP/VLBW children had significantly lower IQ (1 SD) at 26 years but not more often specific learning disorders. They still had more often ADHD in adulthood and slightly increased rates of other disorders. IQ problems could be predicted as early as 20 months of age in the VP/VLBW. The poorer cognitive and attention problems were related to anatomical alterations of white and gray matter, altered connectivity and networks and altered activation patterns. Significantly more VP/VLBW adults had periods of unemployment and were less likely to live independently. While they reported good relationships with their parents, they had significantly more often experienced bullying and exclusion by peers and were much less likely to have romantic relationships as adults. Health related quality of life and life satisfaction was poorer than in controls.

Conclusions: VP/VLBW has adverse impact on a wide range of psychological and life outcomes. The group differences hide a substantial number of VP/VLBW survivors who lead a happy and adaptive adult life. However, many VP/VLBW may need more support, in particular in social relationships.